

Informational Use Only

**CONSENT FOR DENTAL/ORAL SURGICAL TREATMENT IN PATIENTS WHO
HAVE RECEIVED BISPSPHONATE DRUGS**

Patient Name : _____ **Patient Chart # :** _____

Today's Date : _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

Having been treated previously with bisphosphonate drugs you should know that there is a risk of future complications associated with dental treatment. Bisphosphonate drugs appear to adversely affect the ability of bone to break down or remodel itself thereby reducing or eliminating the ordinary excellent healing capacity of bone. This risk is increased after surgery, especially from extraction; implant placement or other "invasive" procedures that might cause even mild trauma to bone. Osteonecrosis may result. This is a smoldering, long-term, destructive process in the jawbone that is often very difficult or impossible to eliminate.

Your medical/dental history is very important. We must know the medications and drugs that you have received or taken or are currently receiving or taking. An accurate medical history, including names of physicians is important.

1. Antibiotic therapy may be used to help control possible post-operative infection. For some patients, such therapy may cause allergic responses or have undesirable side effects such as gastric discomfort, diarrhea, colitis, etc.
- _____ 2. Despite all precautions, there may be delayed healing, osteonecrosis, loss of bony and soft tissue, pathologic fracture of the jaw, oral-cutaneous fistula, or other significant complications.
- _____ 3. If osteonecrosis should occur, treatment may be prolonged and difficult, involving ongoing intensive therapy including hospitalization, long-term antibiotics, and debridement to remove non-vital bone. Reconstructive surgery may be required, including bone grafting, metal plates and screws, and/or skin flaps and grafts.
- _____ 4. Even if there are no immediate complications from the proposed dental treatment, the area is always subject to spontaneous break down and infection. Even minimal trauma from a toothbrush, chewing hard food, or denture sores may trigger a complication.
- _____ 5. Long-term post-operative monitoring may be required and cooperation in keeping

scheduled appointments is important. Regular and frequent dental checkups with your dentist are important to monitor and attempt to prevent breakdown in your oral health.

- _____ 6. I have read the above paragraphs and understand the possible risks of undergoing my planned treatment. I understand and agree to the following treatment plan :

- _____ 7. I understand the importance of my health history and affirm that I have given any and all information that may impact my care. I understand that failure to give true health information may adversely affect my care and lead to unwanted complications.

- _____ 8. I realize that, despite all precautions that may be taken to avoid complications; there can be no guarantee as to the result of the proposed treatment.

CONSENT

I certify that I speak, read, and write English, or, have used a translator to explain all of the previous information to me and I understand all of the information translated to me. I give my permission and consent to the procedure(s) proposed. I have had all of my questions answered and all necessary information has been completed on this form prior to my initials or signature.

_____	_____
Patient's (or Legal Guardian's) Signature	Date
_____	_____
Doctor's Signature	Date
_____	_____
Witness' Signature	Date