Informed Consent Bisphosphonate Drugs

Bisphosphonates: Currently taking	or have taken in the		
IV 1. Pamidronate (Aredia®) 2. Zoleedronate (Zometa®)	□ Y □ N □ Y □ N	Oral 1. Aendronate (Fosamax®) 2. Etidronate (Didronel®) 3. Residronate (Actonel®) 4. Tiludronate (Skelid®)	□ Y □ N □ Y □ N □ Y □ N □ Y □ N
Patients having been treated previous significant risk of future complicate adversely affect the ability of bone excellent healing capacity. This risk other "invasive" surgical procedure may result. This is a smoldering, leading to eliminate. The decision to discontinue oral Bic consultation with your medical documents.	ions associated with to break down or re- k is increased after si es that might cause e- ong-term, destructive	dental treatment. Bisphosphona model itself thereby reducing or urgery, especially from extraction ven mild trauma to bone. Osteon process in the jawbone that is of	ate drugs appear to reliminating its ordinary on, implant placement or necrosis (death of bone) often very difficult or
Please initial each paragraph aft initialing.	er reading. If you h	ave any questions, please ask y	your doctor BEFORE
2. Despite all pretissues, pathol complications. 3. If Osteonecros limited to ong debridement to not limited to 4. Even if there a always subject toothbrush, ch 5. I realize that descriptions.	cautions, there may ogic fracture of the jac. Sis should occur, treatoing intensive therape or remove non-vital become grafting, metalore not immediate control to spontaneous breatewing hard food, or despite all precautions	help control possible post-opera be delayed healing, Osteonecros aw, oral-cutaneous fistula, or oth tment may be prolonged and dif- y including hospitalization, long- one. Reconstructive surgery ma- plates and screws, and/or gum t- mplications from the proposed of kdown and infection. Even min- denture sores may trigger a com- s that may be taken to avoid com- oposed treatment.	sis, loss of bony and soft her significant ficult, involving but not g-term antibiotics and y be required, including but issue grafts. dental treatment, the area is imal trauma from a uplication.
CONSENT			
I certify that I speak, read and writhhad my questions answered and that			
Patient's Printed Name			
Patient's Signature		Date	
Doctor's Signature		Date	
Witness' Signature		Date	