

Informational Use Only

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

