

CONSENT FOR DENTAL TREATMENT IN PATIENTS WHO HAVE RECEIVED BISPHOSPHONATE DRUGS

Patient's Name _____ Date _____

Please initial each paragraph after reading. If you have any questions, please ask Dr. Morelli or an assistant BEFORE initialing.

Having been treated previous with bisphosphonate drugs (marketed as **Actonel, Actonel + Ca, Aredia, Boniva, Didronel, Fosamax, Fosamax + D, Reclast, Skelid, and Zometa**), you should know that there is a significant risk of future complications associated with dental treatment. Bisphosphonate drugs appear to adversely affect the ability of the bone to break down or remodel itself thereby reducing or eliminating its ordinary excellent healing capacity. This risk is increased after surgery, especially from extraction, implant placement or other invasive procedures that might cause even mild trauma to the bone and osteonecrosis may result. This is a smoldering, long-term destructive process in the jawbone that is very difficult or impossible to eliminate.

Your accurate medical/dental history is very important to us. We must know the medications and drugs that you have received or taken in the past, or are currently receiving or taking now, and the names of your physicians.

1. _____ Antibiotic therapy may be used to help control possible post-operative infection. For some patients, such therapy may cause allergic response 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 tissues, 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 breakdown 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 very important. Regular and frequent dental check-ups 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 risk 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 and have read and fully understand this consent for surgery, have had my questions answered and that all blanks were filled in prior to my initials and/or signature.

Patient's (or Legal Guardian's) Signature _____

Date _____

Doctor's Signature _____

Date _____

Witness' Signature _____

Date _____