Consent for Oral Surgical 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 your doctor before initialing.

With the current and previous use of Bisphosphonate drugs, you should be aware there is a possible 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 its ordinary excellent healing capacity. The risk is increased after surgery, especially from extraction, implant placement or other "invasive" procedures that might cause even mild trauma to the bone. Osteonecrosis may result. This is 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 and 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 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, pathological 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 important. Regular and frequent dental check-ups

with your dentist are important to monitor and attempt to prevent breakdown in our health.

Consent for Oral Surgical Treatment in Patients who have received Biophosphonate Drugs (cont'd)

_____ 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:_____

_____

_____

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_____

_____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 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 signature.

_____ _____

Signature of Patient Date

_____ _____

Signature of Witness Date

_____ _____

Signature of Doctor Date