

**CONSENT FOR DENTAL/ORAL SURGICAL TREATMENT IN PATIENTS WHO
HAVE RECEIVED BISPHOSPHONATE DRUGS, Prolia and other medications for osteoporosis and
bone cancer.**

Having been treated previously with bisphosphonate drugs you should know that there is a risk of future complications associated with dental treatment. Bisphosphonate drugs, Prolia, and other bone sparing medications 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.

I understand that because of the history of oral and/or IV bisphosphonate use, Prolia, or other bone medications the following risks of dental treatment include, but are not limited to:

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. I understand that 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. I understand that 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 checkups with your dentist are important to monitor and attempt to prevent breakdown in your oral health.
6. I understand that if complications with the tissue or bone develops around teeth, the result could be loss of one or multiple teeth.

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 understand all of the information presented 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

Witness' Signature

Date