

CONSENT FOR DENTAL ENDODONTIC (ROOT CANAL) TREATMENT IN PATIENTS WHO HAVE RECEIVED BISPHOSPHONATE DRUGS

Patient Name: _____ Date: _____

In the past 10 years, have you taken any of the following:

Please Choose	Trade Name	Generic Name
Yes <input type="checkbox"/> No <input type="checkbox"/>	Zometa	Zolendronate (Zoledronic Acid)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Aredia	Pamidronate
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fosamax	Alendronate
Yes <input type="checkbox"/> No <input type="checkbox"/>	Didronel	Etidronate
Yes <input type="checkbox"/> No <input type="checkbox"/>	Actonel	Risedronate
Yes <input type="checkbox"/> No <input type="checkbox"/>	Skelid	Tiludronate
Yes <input type="checkbox"/> No <input type="checkbox"/>	Bonefox, Ostec	Clodronate
Yes <input type="checkbox"/> No <input type="checkbox"/>	Boniva	Ibandronate

I have taken none of the above drugs: _____

Patient's (or Legal Guardian's) Signature

If you answered YES to any of the above, please read the following and sign below:

Having been treated previously with Bisphosphonate drugs you should know that there is a significant risk of future complications associated with dental treatment. Bisphosphonate drugs (mostly in intravenous form) appear to adversely affect the ability of bone to break down or remodel itself, thereby reducing or eliminating its ordinarily excellent healing capacity. This risk is increased after surgery, especially from extraction, implant placement or other "invasive" procedures (possible endodontic treatment) that may 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. 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.

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. 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, endodontic clamp or treatment, or denture sores may trigger a complication, although this is considered rare. Long-term postoperative 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 your oral health.

SIGNED CONSENT

I have read all of the above and understand the possible risks of undergoing my planned endodontic treatment. I understand the importance of my health history and affirm that I have given any and all information that may impact my care and lead to unwanted complications. I also realize that despite all precautions that may be taken to avoid complications, there can be no guarantee as to the results of the proposed treatment. I certify that I speak, read and write English.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date