



Adult and Pediatric Hospital Dentistry

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CONSENT FOR DENTAL/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.

Having been previously treated with Bisphosphonate drugs you should know that there is a significant risk of future complications associated with dental treatment.

Bisphosphonate drugs appear to adversely affect the blood supply to the jaw bone, thereby reducing or eliminating the jaw's ordinary excellent healing capacity. This risk is increased after certain dental treatments, to include deep scaling procedures for periodontal surgery, tooth extraction, implant placement or other "invasive" procedures that might cause even mild trauma to bone. Osteonecrosis of the jaw, (ONJ) may result. This is typically a long term, destructive process in the jawbone that is often very difficult or impossible to treat, control or eliminate. Its effects can even be debilitating.

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 postoperative 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 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, hyperbaric oxygen therapy, long-term antibiotics, and debridement to remove nonvital 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 due to the precarious condition of the bony blood supply. Even minimal trauma from a toothbrush, chewing hard food, or denture sores may trigger a complication.

___ 5. 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.

___ 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.

___ 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 or signature.

Patient's (or legal Guardian's signature)

Date: _____

Witness's Signature

Date: _____

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