## CONSENT FOR DENTAL/ORAL SURGICAL TREATMENT IN PATIENTS WHO HAVE TAKEN OR ARE TAKING BISPHOSPHONATE AND/OR ANTIANGIOGENIC DRUGS

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 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 bone. Bisphosphonate related osteonecrosis of the Jaw (BRONJ), also known as Dead Jaw, may result. This is a smoldering, long-term, destructive process in the jawbone that is often very difficult or impossible to eliminate.

I, the undersigned, voluntarily consent to surgical dental treatment which has been recommended to me. I have been informed that there is evidence that my use of bisphosphonates and/or antiangiogenic drugs may reduce bone loss in the structures that support teeth and create significant post-operative complications such as delayed healing after oral surgical treatment which may be permanent.

I understand antibiotic therapy may be used to help control possible post-operative infection and for some patients, such therapy may cause allergic responses or have undesirable side effects such as gastric discomfort, diarrhea, colitis, etc. Despite all precautions, I understand 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, I understand 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, or denture sores may trigger a complication. Long term post-operative monitoring may be required including frequent dental check-ups with a dentist in order to monitor and attempt to prevent breakdown in your oral health.

I have read the above paragraphs and understand the risks of undergoing my planned treatment. I understand and agree to the following treatment plan:

I understand that, despite all precautions that may be taken to avoid complications; there can be no warranty or guarantee as to the results of the proposed treatment.

I understand this consent form and I acknowledge that the dentist performing my oral surgical procedure has fully explained its content and answered all of my questions related to the use of bisphosphonates and/or antiangiogenic drugs.

Signature of Patient or Legal guardian

Date

Patient PRINTED Name