



MARIANNE MORELLI, D.M.D.

BROOKFIELD FAMILY DENTISTRY, LLC

## Consent for Oral Surgery for Patients whom have taken Bisphosphonate Medications

Patients Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please initial each paragraph after reading. If you have any questions, please ask  
Dr. Morelli BEFORE initialing.**

Having been treated previously with oral bisphosphonate medications, you should know that there is a very small, but real risk of future complications associated with dental treatment. This risk is currently estimated to be less than 1/10 of one percent. Bisphosphonate medications appear to adversely affect the health of the jaw bones, thereby reducing or eliminating the jaw bones ordinary excellent healing capacity. This risk is increased after surgery, especially from extraction(s); implant placement or other "invasive" procedures that might cause even mild trauma to the bone. Spontaneous exposure of the jaw bone (osteonecrosis) may result. This is a smoldering, long-term, destructive process in the jaw bone 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 taking/receiving. An accurate medical history, including names of physicians is important.

The decision to discontinue u oral bisphosphonate medication therapy before dental treatment should be made by you in consultation with your medical doctor.

- \_\_\_ 1. If a complication occurs, antibiotic therapy may be used to help control infections. For some patient's, 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 bone and soft tissues, pathologic fracture of the jaw, oral-cutaneous fistula (open draining wound), or other significant complications
- \_\_\_ 3. If osteonecrosis should occur, treatment may be prolonged and difficult, involving ongoing intensive therapy including (but not limited to) 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.

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- \_\_\_ 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 condition of the bone. 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 the information I have provided is accurate and comprehensive. I understand that failure in giving a true health history 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 Name (printed)

\_\_\_\_\_  
 Patient or legal guardian signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Doctor's signature

\_\_\_\_\_  
 Date