



Endodontic Specialists

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CONSENT FOR CONVENTIONAL / SURGICAL ENDODONTIC TREATMENT IN PATIENTS WHO HAVE RECEIVED BISPHOSPHONATE DRUGS

Please initial each paragraph after reading. If you have any questions, please ask Dr. Madison or Dr. Barr BEFORE initialing.

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 blood supply to bone, thereby reducing or eliminating its ordinary excellent healing capacity. 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/taken or are currently receiving/taking. An accurate medical history, including names of physicians is important.

_____ Antibiotic therapy maybe 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.

_____ Despite all precautions, there maybe delayed healing, osteronecrosis, loss of bony and soft tissues, pathologic fracture of the jaw, oral-cutaneous fistula, or other significant complications.

_____ If osteonecrosis should occur, treatment maybe prolonged and difficult, involving ongoing intensive therapy, including hospitalization, hyperbaricoxygen therapy, long-term antibiotics, and debridement to remove non-vital bone. Reconstructive surgery maybe 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 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.

_____ Long-term post-operative monitoring maybe 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.

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

_____ 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.

_____ I realize that, despite all precautions that maybe 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. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

Patient's (or Legal Guardian's) Signature

Date

Printed Name

Doctor's Signature

Date

Witness's Signature

Date