Informed Consent Bisphosphonate Drugs

Bisphosphonates: Currently taking or have taken in the last five (5) years

<table>
<thead>
<tr>
<th>IV</th>
<th>Oral</th>
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</thead>
<tbody>
<tr>
<td>1. Pamidronate (Aredia®) □ Y □ N</td>
<td>1. Aendronate (Fosamax®) □ Y □ N</td>
</tr>
<tr>
<td>2. Zoledronate (Zometa®) □ Y □ N</td>
<td>2. Etidronate (Didronel®) □ Y □ N</td>
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<tr>
<td></td>
<td>3. Residronate (Actonel®) □ Y □ N</td>
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<tr>
<td></td>
<td>4. Tiludronate (Skelid®) □ Y □ N</td>
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Patients having been treated previously or currently with Bisphosphonate drugs 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. This risk is increased after surgery, especially from extraction, implant placement or other “invasive” surgical procedures that might cause even mild trauma to bone. Osteonecrosis (death of bone) may result. This is a smoldering, long-term, destructive process in the jawbone that is often very difficult or impossible to eliminate.

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

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

1. Antibiotic therapy may be used to help control possible post-operative infections.
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 but not limited to ongoing intensive therapy including hospitalization, long-term antibiotics and debridement to remove non-vital bone. Reconstructive surgery may be required, including but not limited to bone grafting, metal plates and screws, and/or gum tissue grafts.
4. Even if there are not 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.
5. 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 ready 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 Printed Name ____________________________ Date __________________

Patient’s Signature ______________________________________ Date __________

Doctor’s Signature ______________________________________ Date __________

Witness’ Signature ______________________________________ Date __________

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