



# Northeast Dental Group

'A Dental Destination Location'

7770 Frontage Rd #7341 Cicero, NY 13039

## **CONSENT FOR ORAL SURGERY IN PATIENTS WHO HAVE RECEIVED ORAL BIPHOSPHONATE DRUGS**

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Patient's Name

Date

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

- \_\_\_ 1. You have been treated with oral Bisphosphonate drugs, and you should know that there is a risk of future severe complications that might happen with dental treatment. There is a small but real risk. Jaw bones usually heal themselves very well and maintain their normal health. In some patients, Bisphosphonate drugs seem to affect the ability of jaw bones to break down or remodel themselves, and this interferes with the jaw's ability to heal itself. This risk is increased after surgery, especially from extractions, gum surgery, implant placement or other "invasive" procedures that might cause even mild trauma to bone. Necrosis (dying cells) or Osteonecrosis (dying bone cells) may result, and an infection may occur in the soft tissue and/or inside the bone. This is a long-term process that destroys the jawbone that is often very hard or even impossible to get rid of.
  
- \_\_\_ 2. Your medical/dental history is very important. We must know the medications and drugs that you have received or taken before, **and** are receiving or taking now. A correct medical history, including names of physicians is important. Risk of osteonecrosis can be increased by certain medical conditions including diabetes, immune suppression, and cancer as well as social habits like chronic smoking.
  
- \_\_\_ 3. The decision to stop oral Bisphosphonate drug therapy before dental treatment should be made by you in talking with your medical doctor.
  
- \_\_\_ 4. If a complication occurs, antibiotic therapy may be used to help control infection. For some patients, such therapy may cause allergic responses or have undesirable side effects such as stomach discomfort, diarrhea, swelling of the colon, etc.

- \_\_\_ 5. If osteonecrosis should occur, treatment may be long and difficult. You might need ongoing intensive therapy that could include hospitalization, taking antibiotics for a long time, and removal of dead bone. Reconstructive surgery may be needed, including bone grafting, metal plates and screws, and/or skin flaps and grafts.
- \_\_\_ 6. Even if there are no immediate complications from the proposed dental treatment, the area is always subject to breakdown by itself at any time and infection due to the unstable condition of the bone. Even the smallest trauma from a toothbrush, chewing hard food, or denture sores may set off a complication.
- \_\_\_ 7. We may need to see you on a long-term basis after your surgery to check your condition. It is very important that you keep all of your scheduled appointments with us. Regular and frequent dental check-ups with your dentist are important to try to prevent a breakdown in your oral health.
- \_\_\_ 8. I have read the information above and understand the possible risks of having my planned treatment. I understand and agree to the following treatment plan:
- \_\_\_\_\_
- \_\_\_ 9. I understand the importance of my health history and I have given you all information. I understand that if I don't give you true health and complete information, it may be harmful to my care and lead to unwanted complications.
- \_\_\_ 10. It is understood all encounters at Northeast Dental Group, including my consultation/surgery/follow-up/phone calls may be recorded for the purpose of training and/or documentation. This recording may become part of my permanent dental record or may be discarded at the sole discretion of the dental office.
- \_\_\_ 11. I realize that even though the doctors will take all precautions to avoid complications; the doctor can't guarantee 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 and have had my questions answered. All of the blanks were filled in before I initialed or signed the form.

\_\_\_\_\_  
Patient's (or Legal Guardian's) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date