

## CONSENT FORM FOR ENDODONTIC TREATMENT IN PATIENTS WHO HAVE RECEIVED BISPHOSPHONATE DRUGS

In the past 10 years, have you taken any of the following medications?

Trade Name	Generic Name	Please Check
Zometa (IV)	Zoledronate (Zoledronic Acid)	
Aredia (IV)	Pamidronate	
Fosamax (Oral)	Alendronate	
Didronel (ora)	Etidronate	
Actonel (oral)	Risedronate	
Skelid (oral)	Tiludronate	
Bonefos, Ostec (oral)	Clodronate	
Boniva (oral)	Ibandronate	
<b>I have taken none of the above drugs</b>		

### Information for Patients Who Have Taken Bisphosphonate Drugs

If you have taken any of the above medications, you should be aware of the significant risks associated with dental treatment:

Bisphosphonate drugs, especially in intravenous form, may reduce or eliminate the bone's ability to heal and remodel itself. This increases the risk of complications following dental surgery or procedures that involve mild trauma to the bone, such as endodontic treatment.

The most common complication is **osteonecrosis**—a long-term, destructive process in the jawbone that may be difficult or impossible to eliminate. Other risks include:

- **Delayed healing**
- **Loss of bony and soft tissues**
- **Pathologic fracture of the jaw**
- **Oral-cutaneous fistula**
- **Infection and osteonecrosis**

If complications occur, treatment may involve:

- Prolonged and intensive therapy
- Hospitalization
- Long-term antibiotic use
- Debridement of non-vital bone
- Reconstructive surgery with grafts, plates, and screws



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International Tower at Reston Heights  
11800 Sunrise Valley Drive, Suite #250  
Reston, Virginia 20191

703-429-9926  
[info@endoreston.com](mailto:info@endoreston.com)  
[www.endoreston.com](http://www.endoreston.com)

Even if immediate complications do not occur, the affected area may remain prone to spontaneous breakdowns and infection. Routine dental trauma, such as from a toothbrush, chewing hard food, or dental treatment, could potentially trigger complications, though this is rare.

Long-term postoperative monitoring is essential, and frequent dental check-ups are necessary to monitor and attempt to prevent complications.

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### **Acknowledgment and Consent**

I have read and understand the information provided above, including the risks associated with undergoing endodontic treatment while having a history of Bisphosphonate drug use. I affirm that I have disclosed my complete medical history and understand its importance in my care.

I acknowledge that despite all precautions, complications may occur, and there is no guarantee of the results of the proposed treatment.

By signing this form, I consent to proceed with the recommended endodontic treatment.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient or Legal Guardian: \_\_\_\_\_