

"Mobile General Dentist Providing Surgical and Implant Services"

| Patient's Name | | Date |
|----------------|---|---|
| | initial each paragraph after reading. E initialing. | If you have any questions, please ask your doctor |
| 1. | 1 %) of developing osteonecrosis of the dental treatment including routine extraction in some patients taking Bisphosphonate interfering with the jaw's ability to heal native tooth extraction, tissue surgery, imp | onate drugs and understand that there is a small risk (< jaw (bone cell death) that can occur subsequent to ction of teeth. The jaw bone usually heals completely, but drugs, the ability of the bone to heal may be altered, ormally. This risk is minimally increased in procedures lant placement or other procedures that cause damage and heal this injury, osteonecrosis (dead bone cells) can for further treatment. |
| 2. | | sis can be increased by certain medical conditions a, and cancer as well as social habits like chronic |
| 3. | | ant. I have given an accurate list of the medications that receiving or taking now. I have provided a thorough the names of all of my physicians. |
| 4. | The decision to stop oral Bisphosphona made after talking with my medical doct | te drug therapy before dental treatment should only be or and treating dental surgeon. |
| 5. | | py may be used to help control infection. For some ic responses or have undesirable side effects such as of the colon, etc. |
| 6. | and difficult. I might need ongoing inten- | crosis occurs, in some cases, treatment may be long sive therapy that could include hospitalization, taking of dead bone. Reconstructive surgery may be needed, d screws, and/or skin flaps and grafts. |
| 7. | be subject to breakdown at any time du smallest trauma from a toothbrush, cher | ations from the proposed dental treatment, the area may to the unstable condition of the bone. Even the wing hard food, or denture sores may trigger a ger the bisphosphonate medications have been taken. |
| 8. | very important that I keep all of my sche | g-term basis after surgery to check my condition. It is duled appointments. Regular and frequent dental check-to prevent a breakdown in my oral health. |

CONSENT FOR ORAL SURGERY IN PATIENTS WHO HAVE RECEIVED ORAL BISPHOSPHONATE DRUGS

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ANESTHESIA ORAL SURGERY

IMPLANTOLOGY

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| 9. | I have read the information above and understand and agree to the fo | erstand the possible risks of having my planne ollowing treatment plan: | ∍d |
|-------------|---|--|------|
| 10. | I realize that even though the doctors will take all precautions to avoid complications; the doctor cannot guarantee the result(s) of the proposed treatment. | | |
| CONSENT | ī | | |
| I have give | en a complete and truthful medical history, inc | may be impacted by the medications I have ta cluding all medicines, drug use, pregnancy, et estions have been answered before signing th | c. I |
| Patient's o | r Legal Guardian's Signature | Date | |
| Doctor's Si | ignature | Date | |
| Witness' Si | ignature | Date | |

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