

# Bisphosphonate Treatment

## Dental Clearance

Regarding: (Patient's Name) \_\_\_\_\_

Mr./ Mrs. \_\_\_\_\_ is consulted to have a course of Bisphosphonates medication for medical treatment of:

- Multiple myeloma     Metastatic cancer     Paget's disease     Osteoporosis  
 other conditions, using one of the following medications:

- Fosamax                       Boniva                       Actonel                       Skelid  
 Didronel                       Aredia (IV)                       Zometa (IV)                       Bonefos (IV)

It has been reported that a small number of patients taking these medications may develop a condition known as osteonecrosis following certain dental treatments. We are requesting a dental clearance prior to the initiation of the medical treatment. Please perform a complete dental evaluation and treat any dental conditions that may lead to future teeth extractions or other invasive dental procedures.

\_\_\_\_\_  
Name of referring medical, dental or surgical practitioner

The above patient has been examined and is free of active dental infection or need for any further dental treatments at the present time. Additional comments:

\_\_\_\_\_  
Name & Signature of the Dentist

\_\_\_\_\_  
Date