

Tri Dental

15923 US HWY 441
Eustis, FL 32726

Bisphosphonate Drugs

Despite the widespread use of bisphosphonates and their unequivocal efficacy for the treatment of various disease states, osteonecrosis of the jaw remains one of the most feared complications associated with their use, especially after surgical procedures. Current evidence, however, suggests that there is also a relationship between occurrence of osteonecrosis of the jaw and use of other cases of pharmacotherapies namely RANKL inhibitors as well as angiogenesis inhibitors. Although these drugs have different mechanisms of action than bisphosphonates, they all seem to interfere with the bone remodeling process i.e. Alter the balance between bone resorption and bone formation which may be the most plausible explanation for pathogenesis of osteonecrosis of the jaw.

Have you ever been treated with any of the following? Please circle

Brand Name (Generic Name)

Zometa, Raclast (Zolendronate)

Fosamax, Binosto, Fosamax plus D (Alendronate)

Aredia IV (Pamidronate)

Xgeva or Prolia shots (Denosumab)

Actonel, Atelvia (Risedronate)

Boniva (Ibandronate)

Avastin (Bevacizumab)

Sutuent (Sunitinib)

Nexavar (Sorafenib)

Zortrees, Afinitor or Afinitor Disperz (Everolimus)

Bonafos, Clasteon or Loron (Clodronate)

Didronel (Etidronate)

Torieel (Temsirolimus)

Votrient (Pazopanib)

Inlyta (Axitinib)

Skelid (Tildronate)

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How long have you been taking this medication? _____

If you have stopped, how long ago? _____

- I have **NEVER** taken any of the above medications. (Please Initial) _____

Patient Signature and date

Dentist Signature and date