



CONSENT FOR USE OF FOSAMAX

(or Actenol, in general any Bisphosphonates, including alendronate)

I voluntarily consent to surgical dental treatment which has been recommended to me. I have been informed that there is evidence that my use of Fosamax (or Actenol, in general any Bisphosphonates, including alendronate) may reduce bone loss in the structures that support the teeth.

I further understand the risks involved with the use of Fosamax (or Actenol, in general any Bisphosphonates, including alendronate) which might include, but are not limited to the following:

- *More common side effects may include:* Abdominal pain, bone and joint pain, constipation, diarrhea, indigestion, muscle pain, nausea
- *Less common side effects may include:* Abdominal distention, acid backup, difficulty in swallowing, esophageal ulcers, gas, headache, stomach ulcers, vomiting
- *Rare side effects may include:* Changes in taste, esophageal blockage or perforation, eye pain, hives, inflammation of the stomach, mouth sores, muscle cramps, rash, skin redness, swollen face and throat

Important note: Fosamax is not recommended for women on hormone replacement therapy, or for women with kidney problems. **A rare connection between Fosamax and other bisphosphonates and a serious bone disease called Osteonecrosis of the Jaw (ONJ) was found. Osteonecrosis of the Jaw (ONJ) is also known as Dead Jaw Disease. This finding was published in the Journal of Oral and Maxillofacial Surgeons, and it prompted the US Food and Drug Administration (FDA) and the manufacturer of Fosamax to issue a warning to health care professionals on September 24, 2004.** Patients may need to avoid invasive dental procedures (i.e. surgical dental procedures) while receiving bisphosphonate treatment. For patients who develop ONJ while on bisphosphonate therapy, dental surgery may exacerbate the condition.

I have been informed of all of the possible side effects and complications in the use of Fosamax (or Actenol, in general any Bisphosphonates, including alendronate).

I further understand that no warranty or guarantee has been made relative to the results that may be obtained by use of Fosamax (or Actenol, in general any Bisphosphonates, including alendronate).

I understand this consent form and I acknowledge that Dr. Tuan Nhu has fully explained its content and answered all of my questions related to the use of Fosamax (or Actenol, in general any Bisphosphonates, including alendronate).

Patient Signature: _____

Date _____