Dentists Choice

Informed Consent — Bisphosphonate / Antiresorptive Therapy
Risk of Medication-Related Osteonecrosis of the Jaw (MRONJ)

PATIENT INFORMATION
Patient Name: _____
Date of Birth: _____
Chart #: _____
Treating Provider:_____
Date: _____

MEDICATION HISTORY — PLEASE COMPLETE

Current or past antiresorptive / antiangiogenic medications (check all that apply):

Oral Bisphosphonates (taken by mouth):
□ Alendronate (Fosamax)
□ Risedronate (Actonel)
□ Ibandronate (Boniva)
□ Other oral bisphosphonate: _____

IV / Injectable Bisphosphonates (given by infusion or injection):
□ Zoledronic acid (Zometa, Reclast)
□ Pamidronate (Aredia)
□ Other IV bisphosphonate: _____

Other Antiresorptive or Antiangiogenic Agents:
□ Denosumab (Prolia, Xgeva)
□ Bevacizumab (Avastin)
□ Sunitinib (Sutent)
□ Other: _____

Duration of use: _____
Prescribing physician: _____
Indication for medication: □ Osteoporosis □ Cancer treatment □ Paget's disease □ Other: _____

PROPOSED DENTAL TREATMENT

The following procedure(s) are planned and may affect jawbone:

□ Tooth extraction (simple or surgical)
□ Implant placement
□ Periodontal surgery (osseous surgery, bone grafting)
□ Endodontic surgery (apicoectomy)
□ Alveoloplasty or other bone-altering procedure
□ Other: _____

WHAT IS MRONJ?

Medication-Related Osteonecrosis of the Jaw (MRONJ) is a serious but uncommon condition in which an area of jaw bone fails to heal properly and the bone becomes exposed — meaning it breaks through the gum tissue and remains visible or open in the mouth for eight weeks or longer, without healing on its own. MRONJ is associated with bisphosphonates and other antiresorptive or antiangiogenic medications. These drugs reduce the activity of the cells that normally remodel and repair bone. When the jaw is disrupted by a dental procedure — most commonly a tooth extraction — healing can be impaired in some patients taking these medications.
MRONJ can range from mildly uncomfortable exposed bone that requires monitoring, to a more serious infection involving significant bone destruction that may require surgery.

RISK FACTORS THAT MAY INCREASE YOUR RISK

• IV bisphosphonates (especially zoledronic acid / Zometa) carry higher risk than oral bisphosphonates
• Longer duration of bisphosphonate use (especially more than 3–4 years for oral medications)
• Denosumab (Prolia/Xgeva) — especially at high oncologic doses (Xgeva)
• Concurrent corticosteroid use
• Active cancer, chemotherapy, or radiation to the head and neck
• Diabetes, smoking, or poor oral hygiene
• Pre-existing dental disease (infection, periodontitis)
• Invasive dental procedures involving bone — especially extractions and implants

ESTIMATED RISK — GENERAL REFERENCE

Risk estimates vary widely in literature and depend heavily on individual factors. General estimates for context only:
• Oral bisphosphonates for osteoporosis: estimated risk after invasive dental procedure approximately 0.01–0.1% (1 in 10,000 to 1 in 1,000)
• IV bisphosphonates for cancer treatment: estimated risk approximately 1–10% or higher with invasive procedures

• Denosumab (oncologic dosing): similar risk range to IV bisphosphonates
Your individual risk will be discussed with you by your provider based on your specific medication, duration, and health history.

DRUG HOLIDAY — WHAT YOU SHOULD KNOW

A 'drug holiday' is a temporary stop of the antiresorptive medication before and after a dental procedure. For oral bisphosphonates taken for osteoporosis, some guidelines suggest considering a drug holiday of 2 months before and 3 months after invasive procedures when the patient has been on the medication for 4 or more years or has other risk factors.
Important: A drug holiday should only be initiated by your prescribing physician, not your dentist. Your dentist cannot stop your medication. If a drug holiday is being considered, coordination with your physician is required before scheduling the dental procedure.

□ My physician has been contacted and has approved / recommended a drug holiday prior to this procedure
□ My physician was consulted and does NOT recommend a drug holiday at this time
□ I have been advised to consult my physician and have chosen to proceed without doing so (patient-initiated)
□ Drug holiday is not applicable to my medication or clinical situation

ALTERNATIVES TO PROPOSED TREATMENT

• Non-surgical management — root canal treatment to retain a tooth rather than extract it, if clinically appropriate
• Smoothing sharp edges or treating infection conservatively without bone surgery
• Delaying elective invasive procedures until medical consultation is complete
• Declining the proposed treatment — understanding this may result in ongoing infection, pain, or tooth loss
Your provider will discuss which alternatives are feasible in your specific clinical situation.

IF MRONJ DEVELOPS — WHAT TO EXPECT

Early signs of MRONJ include: exposed bone in the mouth, pain or swelling in the jaw, loosening of teeth, numbness or heaviness in the jaw, or drainage from the gum area. If you experience any of these signs after a dental procedure, contact this office immediately.

Treatment of MRONJ may include: antibiotics, antimicrobial rinses, conservative debridement, or in more severe cases, surgical intervention. Early detection and prompt treatment significantly improve outcomes.

⚠ **STATE LAW NOTE:** [STATE] dental board guidance may address informed consent requirements for patients on antiresorptive therapy. Verify current [STATE] Dental Practice Act and any applicable standard-of-care guidelines (e.g., AAOMS position paper on MRONJ). Insert required [STATE]-specific language here.

PATIENT ACKNOWLEDGMENT

I confirm that I have accurately disclosed all current and past antiresorptive and antiangiogenic medications to my dental provider. I have read or had read to me the information above regarding MRONJ risk. I understand the risks associated with invasive dental treatment while taking or having taken these medications, including the risk of exposed jawbone that may be difficult to heal.
I understand that my dentist cannot guarantee that MRONJ will not occur. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I voluntarily consent to the proposed dental treatment with full awareness of the MRONJ risk described above.

SIGNATURES & ACKNOWLEDGMENT

Patient Signature	Date
Witness / Staff Signature	Date
Provider / Dentist Signature	Date