

Patient's Name _____
 Last First Middle Initial Date of Birth

In order to update your medical record, it is important for us to know if you have ever received a type of medication know as Bisphosphonate. These medications are used in the treatment and prevention of osteoporosis, high blood calcium due to malignancy and bone disease associated with breast cancer, prostate cancer and multiple myeloma. This information will assist us in providing your dental care.

Please circle **Yes or No** for any of the following medications that you are currently taking or have taken in the past.

<u>Brand Name</u>	<u>Generic Name</u>	<u>Circle One</u>	
Actonel	Risedronate	Yes	No
Aredia	Pamidronate	Yes	No
Bonefos	Clodronate	Yes	No
Boniva	Ibandronate	Yes	No
Didronel	Etidronate	Yes	No
Fosamex	Alendronate	Yes	No
Posamax Plus D	Alendronate	Yes	No
Skelid	Tiludronate	Yes	No
Zometa	Zolendronic Acid	Yes	No

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE

Patient's/Guardian's Signature _____ Date _____

Dentist's Signature _____ Date _____

BISPHOSPHONATE MEDICATION UPDATE