

Dentist Clearance for Bone-Modifying Treatment

Patient's Name _____

Referring practitioner _____

Phone _____ Fax _____

This patient is scheduled for a course of treatment for metastatic cancer in the bones. Some patients taking these medications may develop osteonecrosis after certain dental treatments.

Type of Primary Cancer

- Renal Cell
- Prostate
- Bladder
- Breast
- Other _____

Medication Scheduled

- Pamidronate (IV)
- Denosumab (SQ)
- Prolia (SQ)
- Zometa (IV)
- Reclast (IV)
- Other _____

We request your clearance before we start the medical treatment. Please perform a complete dental evaluation and treat any dental conditions that may lead to future tooth extractions or other invasive dental procedures. Please return the form using the fax number above.

Clearance

I have examined the patient named above. The patient is free of active dental infection. Further dental treatments are not necessary at present.

Additional comments

Dentist's Signature _____ Date _____

Dentist's Name _____