

Robison Associates, P.C.
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Colorado Springs, CO 80907
719-630-7727
www.Robisondental.com

Date:

Patient's Name:

Due to dental complications that may occur with certain cancer therapy drugs, please answer the following questions prior to your first visit:

1.) Are you being treated for cancer of any kind? Yes ___ NO___

2.) Have you or are you receiving any drugs in your veins, such as:

- | | | |
|------------|--------|-------|
| a. Aredia | Yes___ | No___ |
| b. Zometa | Yes___ | No___ |
| c. Actonel | Yes___ | No___ |
| d. Fosamax | Yes___ | No___ |

3.) Who is your physician who monitors these bisphosphonate drugs for you?

Name _____ Telephone No. _____

Name _____ Telephone No. _____

4.) May I have your permission to speak directly with your physician(s) regarding your treatment? Yes___ No___

Name

Date