PAS label Letterhead & date

Dear colleague

**Bisphosphonates and invasive dental treatment**

The above named patient has recently been examined on the Haematology / Oncology clinic at CGH / GRH. As part of their assessment it has been decided that that they would benefit from starting bisphosphonate therapy as detailed below.

As you know, bisphosphonate related osteo-necrosis of the jaws (BRONJ) is an uncommon but potentially high morbidity consequence in individuals who have invasive dental/oral surgery after commencing bisphosphonate treatment. It is therefore vital that patients who are to start bisphosphonate therapy are seen for a prompt dental assessment before treatment begins.

We would be grateful, therefore, if you could arrange to examine the above named patient clinically and radiographically (as appropriate) as soon as possible for the following.

* Extraction of any unrestorable teeth
* Repair to any deficient restorations
* Hygiene therapy & maximising oral hygiene
* Examination of any dentures to ensure no trauma is occurring from any sharp or poorly fitting surfaces (new dentures may be required)
* Assessment of any sharp bony projections that may cause ulceration of overlying mucosa / gingiva (and referral for treatment if necessary)

It is intended to start bisphosphonate therapy in the very near future and your early attention would therefore be appreciated.

Further information is available on the Gloucestershire Oral & maxillo-facial surgery service website:

[www.gloshospitals.nhs.uk/glosmaxfax/bisphosphonates](http://www.gloshospitals.nhs.uk/glosmaxfax/bisphosphonates)

Details of bisphosphonate treatment

Name of drug

Route of drug

Frequency and duration of drug

Point of contact (Haem / Oncol) for queries regarding “drug holiday”