

DOUGLAS L. REIGH, D.M.D.
27 VILLAGE CENTRE DRIVE. SUITE A-5
READING, PA 19607
PRACTICE LIMITED TO DENTAL IMPLANTS AND PERIODONTICS

PATIENT NAME _____ BIRTHDATE _____

1. NO YES HAVE YOU BEEN DIAGNOSED WITH OSTEOPOROSIS?
2. NO YES ARE YOU ON MEDICATION FOR OSTEOPOROSIS?
ie: BISPHOSPHONATES: FOSAMAX, ACTONEL, BONIVA, ZOMETA,
ETC. MEDICATION START DATE:_____.
3. NO YES HAVE YOU EVER BEEN ON BISPHOSPHONATE MEDICATIONS AND
DISCONTINUED THEM? MEDICATION START DATE:_____.
MEDICATION STOP DATE:_____.
4. NO YES HAVE YOU EVER BEEN TREATED WITH BISPHOSPHONATE
MEDICATIONS FOR CANCER OR BEEN GIVEN INTRAVENOUS
BISPHOSPHONATES?

PATIENT SIGNATURE _____ DATE _____