

Gerber Dental

Please sign your name : _____

Answer each: YES or NO

Are you taking or have you ever been given any of the following ***bisphosphonate*** medications?

- _____ Etidronate (Didronel)
- _____ Tiludronate (Skelid)
- _____ Alendronate (Fosamax)
- _____ Risedronate (Actonel)
- _____ Ibandronate (Bonavia)
- _____ Pamidronate (Aredia)
- _____ Zoledronate (Zometa)