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Please show this card to your dentist

_____ {name} has been recommended osteoporosis medicine _____

Date medicine started, or planned to start _____ Route *iv/oral/subcut*

Next treatment review planned _____ Likely duration *3/5/6/10 yrs/ ongoing*

For questions about this patient's treatment please contact their treating health professional:

_____ (name) Contact _____

This medicine has been recommended based on a personalised risk assessment indicating that the benefits exceed potential risks. It is important that patients are not discouraged from taking anti-resorptive drugs or discouraged from undergoing dental treatment.



For further information on Oral Health Management of Patients at Risk of Medication-related problems please scan the QR code on the left.

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