

Transfer/council before Bisphosphonate-therapy

date _____ signature _____

Patients dates: _____

Basic disease:

- Multiple Myeloma/Plasmocytom
- Breast cancer
- Prostata cancer
- Other tumor _____
- Osteoporosis
- Other, which _____

Indication:

- Osmotic metastastis
- oligometast. multiple
- Profilaxis, without osseatic metast.
- others _____

Special information:

Urgency of therapy high medium low
 Indication of therapy cure palliative
 Since when bisphosphonate-therapy is applied _____

Bisphosphonate

Which one _____
 Kind of application intravenous oral
 Dosage _____ intervals _____
 Duration of application, planned _____
 Change of the medication done, when _____ formerly _____ since _____
 planned, when _____ provided, which one _____

Prospective oncological therapy

- Chemotherapy regime _____
- Radiotherapy, head/throat
dosis _____
fractionation _____
- Hormone therapy, which one _____
- Immuna- or antibody therapy, which one _____
- Cortisone, how long _____
- Other relevant medication _____

Dental status (to be filled in by a dentist or oral and maxillofacial surgeon)

- upcoming dental extractions, if necessary, when _____ therapy done
- necrotizing ulcerative Periodontitis (formerly P. acute marginal) therapy done
- chronic (including aggressive) Periodontitis (formerly chronic marginal P.) therapy done
- apical Periodontitis therapy done
- carious lesions therapy done
- Implants Periimplantitis therapy done
- mucosa-supported dentures pressure points therapy done
- prosthetic resupply necessary, if so, when? _____ therapy done
- other bacterial contamination, which? _____ therapy done

Recommended recall intervals

- 3 months 6 months 12 months

date, signature