

Please notify our office if you have taken or are currently taking any of the following medications listed below: Please circle yes or no

| Signature of Patient/ Responsible Party | | Date |
|---|------------|------|
| | | |
| Zometa (Zoledronic Acid |) Yes / No | |
| Skelide (Tiludronate) | Yes / No | |
| Fosamax (Alendronate) | Yes / No | |
| Didronel (Etidronate) | Yes / No | |
| Boniva (Ibandronate) | Yes / No | |
| Aredia (Pamidronate) | Yes / No | |
| Actonel (Risedronate) | Yes / No | |