Beverly Hills

Periodontics & Dental Implant Center

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Please advise us if you are taking any of t	the following medications:
FOSAMAX	
ACTONEL	
BONIVA	
AREDIA	
RECLAST	
OR ANY OTHER MEDICATIONS FOR OSTE	OPEROSIS
This information is very important as you. Thank you for your cooperation	s it will affect which treatment options will be suitable for n.
☐ Yes, I am taking	☐ No I am not taking any of these medications
	/
Signature	Date