

Name: \_\_\_\_\_

**Please fill out if you have had cancer or if you are a female that is 45 years old and up. Are you currently taking, or have you ever taken any of the following medications?**

Bisphosphonates to treat Osteoporosis

Alendronate (Fosamax): \_\_\_\_\_

Risedronate (Actonel): \_\_\_\_\_

Ibandronate (Boniva): \_\_\_\_\_

Pamidronate (Aredia): \_\_\_\_\_

Zoledronate

Zometa: \_\_\_\_\_

Reclast: \_\_\_\_\_

Denosumab

Xgeva: \_\_\_\_\_

Prolia: \_\_\_\_\_

**Does Not Apply:** \_\_\_\_\_

Appendix II. MEDICATIONS USED IN TREATMENT OF VARIOUS CANCERS THAT ARE ANTIANGIOGENIC OR TARGETS OF THE VASCULAR ENDOTHELIAL GROWTH FACTOR PATHWAY THAT HAVE BEEN ASSOCIATED WITH JAW NECROSIS

Sunitinib (Sutent): \_\_\_\_\_

Sorafenib (Nexavar): \_\_\_\_\_

Bevacizumab (Avastin): \_\_\_\_\_

Sirolimus (Rapamune): \_\_\_\_\_

**Does Not Apply:** \_\_\_\_\_

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Patient Signature

Date