



SOCIETA' ITALIANA PATOLOGIA E MEDICINA ORALE

PREVENTION OF MEDICATION RELATED OSTEONECROSIS OF THE JAW (ONJ): QUESTIONNAIRE FOR ONJ-RELATED DRUG PRESCRIBERS TO ESTIMATE DENTAL STATUS AND TREATMENT NEEDED *

	YES	NO
Do you take bisphosphonates or other anti-resorptive drugs?		
Do you take antiangiogenic medications?		
Do you make regular dental visits? How many times in a year?		
Do you undergo regular sessions of oral hygiene?		
How many times do you clean your teeth with toothbrush in a day?		
Do you use other aids for oral hygiene? (e.g. mouthwashes, gel)		
Do you make use of dental floss?		
Have you ever seen bleeding yours gums?		
Have you ever had swelling or painful gums? (e.g. periodontal abscess, periapical abscess)		
Have you ever suffer odontogenic infections? (e.g. swollen face, puss)		
Do you have or have ever suffered from tooth pain?		
Have you ever had dental trauma or maxillofacial fractures?		
Do you plan to have tooth extraction or oral surgery in the coming months? (e.g. dental implant, periodontal surgery)		
Do you wear denture? If yes, what kind? Specify (fixed or removable)		
Have you undergone dental implants in the past?		
Do you suffer from any systemic diseases? If yes, specify (e.g. osteoporosis, diabetes, coagulopathy, cancer)		
Do you take cortisone or methotrexate? if yes, specify type and dosage		
Do you smoke? If yes, specify number of cigarettes per day		
Do you drink alcohol? If yes, specify number of glasses per day		

*In **Bold**, the key questions: when at least one answer arises the doubt a poor oral-dental status, the patient should be referred to a dentist