CONSENT FOR OFF LABEL USE OF ZOLEDRONATE/IBANDRONATE INJECTION INTO THE FEMORAL HEAD BONE

Patient Sticker

This additional consent is specifically for the use of Zoledronate/Ibandronate. Dr. Prasad Gourineni, MD has explained to me that

1. Zoledronate/Ibandronate is approved by the F.D.A. for oral and intravenous injection for osteoporosis.
2. Use of Zoledronate/Ibandronate for avascular necrosis is not an F.D.A. approved indication.
3. Injection of Zoledronate/Ibandronate into the bone is not an approved route of administration.
4. The full risks/benefits of bone injection of Zoledronate/Ibandronate are not known.
5. In addition to the side effects of intravenous Zoledronate/Ibandronate, the bone injection can cause local pain, bleeding, infection, and other unknown complications.

I understand Dr. Gourineni’s explanation well and I am consenting to intraosseous injection of Zoledronate/Ibandronate into the Left / Right femoral head of

______________________________     ___________________________
Name of the patient       Date

______________________________     ___________________________
Signature of patient / guardian  Witness