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Name Jane Doe Age 45
Address 123 Main Street
Fullerton, CA 92832 Date 8/4/2016

R Morning Fasting Serum C-terminal Telopeptide
(CTX)

Quantity: #372

Frequency: (NOT C PEPTIDE TEST)

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX

Dispense As Written



Patient Information	Specimen Information	Client Information
DOB: Gender: Phone: 607.342.0914 Patient ID: Health ID:	Specimen: EN204322A Requisition: 0573961 Collected: 08/06/2016 / 06:52 PDT Received: 08/06/2016 / 21:52 PDT Faxed: 08/09/2016 / 16:47 PDT (* A Copy Sent To)	Client #: MAIL0001 UNASSIGNED ACCOUNTS Attn: CLIENT SERVICES 8401 FALLBROOK AVE WEST HILLS, CA 91304-3226

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
C TELOPEPTIDE (CTX)	164		pg/mL Reference Range: 40-49 YEARS: 40-465	EZ

PERFORMING SITE:

EZ QUEST DIAGNOSTICS/NICHOLS SJ, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: JON NAKAMOTO, MD PHD, CLIA: 05D0643352

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Position Paper

Medication-Related Osteonecrosis of the Jaw—2014 Update

Special Committee on Medication-Related Osteonecrosis of the Jaws:

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Tara Aghaloo DDS, MD, PhD, Associate Professor, Oral and Maxillofacial Surgery, Assistant Dean for Clinical Research, UCLA School of Dentistry, Los Angeles, CA

Bhoomi Mehrotra, MD, Director, Cancer Institute at St. Francis Hospital, Roslyn, NY

Felice O’Ryan, DDS, Division of Maxillofacial Surgery, Kaiser Permanente Oakland Medical Center, Oakland, CA

Introduction

The Special Committee recommends changing the nomenclature of bisphosphonate-related osteonecrosis of the jaw (BRONJ). The Special Committee favors the term **medication-related osteonecrosis of the jaw (MRONJ)**. The change is justified to accommodate the growing number of osteonecrosis cases involving the maxilla and mandible associated with other antiresorptive (denosumab) and antiangiogenic therapies.

MRONJ adversely affects the quality of life, producing significant morbidity. Strategies for management of patients with, or at risk for, MRONJ were set forth in the American Association of Oral and Maxillofacial Surgeons (AAOMS) updated *Position Paper on Bisphosphonate-Related Osteonecrosis of the Jaws* and approved by the Board of Trustees in 2009.¹ The *Position Paper* was developed by a Special Committee appointed by the Board and composed of clinicians with extensive experience in caring for these patients and basic science researchers. The knowledge base and experience in addressing MRONJ has expanded, necessitating modifications and refinements to the previous *Position Paper*. This Special Committee met in September 2013 to appraise the current literature and revise the guidelines as indicated to reflect current knowledge in this field. This update contains revisions to diagnosis, staging, and management strategies, and highlights current research status. AAOMS considers it vitally important that this information be disseminated to other relevant health care professionals and organizations.

Purpose

The purpose of this updated position paper is to provide:

1. Risk estimates of developing MRONJ
2. Comparisons of the risks and benefits of medications related to osteonecrosis of the jaw (ONJ) in order to facilitate medical decision-making for the treating physician, dentist, dental specialist, and patients
3. Guidance to clinicians regarding: