**Dr. Joe Thomas - Dentistry**

**Joseph J. Thomas DDS, PA**

**Notification of Gingivitis/Periodontitis/or Peri-Implantitis**

**We at this office have advised you this date that you have Gingivitis and/or Periodontitis.**

**You understand that any Periodontal Disease is progressive, and that failure to treat the disease may result in bone deterioration (loss) and in the eventual loss of your teeth. You also understand that scientific researched evidence now links gum disease to a variety of health concerns including Heart Disease, Stroke, Diabetes, and other acute or chronic degenerative systemic diseases that are or can be life threatening.**

**You understand the treatment recommendations, and that it will not reverse this disease but will attempt to control, and arrest the progression of the disease process, only with your total compliance. Your Dentist, and Hygienist cannot control the disease by themselves, but will need your help, and continued cooperation in this process. There can be no guarantee or warranty of success for this treatment, and you understand that each patient is different, making it impossible to predict results.**

**Although improvement is expected, you also understand that your condition may be the same, and/or worse if you neglect to keep your teeth, and surrounding structures impeccably clean after you have your periodontal disease treated. You also understand that periodic oral therapies periodontal maintenance visits are required to maintain a healthy mouth.**

**You understand that there are risks associated with the proposed dental treatments including, but not limited to: swelling, bleeding, pain, tooth hypersensitivity to heat, and cold, gum shrinkage with exposure of crown margins (edges), exposure of stained or discolored roots, restrictions in mouth opening, tissue loss, recurrent gum disease, implant loss, infections, root canal therapy, and possibly need for TMJ therapy.**

**You understand that periodontal disease is progressive, and that failure to treat the disease may result in acute/chronic infections, bone deterioration/loss and eventual loss of teeth.**

**You accept the diagnosis, and the proposed treatment plan. You certify that you have read, and understand the risks, and warnings outlined in this form, and as exhaustively explained to you by us, further by your signature below you signify, and acknowledge that you have received sufficient information to proceed with the recommended treatment however only if you so desire, and choose to. Scheduling your appointments at your convenience for any of your proposed dental treatment is entirely your responsibility.**

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Signature Date