



ORAL SCREENING CONSENT FORM

One American dies every hour from oral cancer and approximately 35,310 people in the U.S. will be newly diagnosed with oral cancer this year. Based on five year mortality rates, oral cancer is now more deadly than many more common types of cancer, such as breast, cervical, prostate, colon, renal and Hodgkin's.

Ironically, the increase in oral cancer has occurred despite decreased use tobacco products. In fact, this overlooked form of cancer has reached epidemic proportions in the U.S. largely because so few Americans get early-detection screening for it.

Early detection of oral cancer translates into cure rates of greater than 80 percent, which is one reason why American Cancer Society and American Dental Association both recommend screening for oral cancer for everyone 18 years of age and older.

Oral Cancer risk by patient profile is as follows:

Increased Risk: Sexually active people ages 18-39

High Risk: People age 40 and over; tobacco users (any age, any types within 10 years)

Highest Risk: People age 40 and older with lifestyle risk factors (tobacco and/or alcohol use); previous users of tobacco products, family members with history of cancer.

We have incorporated the Velscope Oral Cancer Screening into our oral screening standard of care. The Velscope technology allows for early detection that quickly and accurately screens for both pre-cancer and cancer of the oral cavity. This device allows us to see signs and symptoms through the use of special light waves that illuminates areas which may signal the presence, or start of oral cancer. Velscope is unlike anything dentists have used in the past because this new technology efficiently identifies biochemical and morphological changes in the cells of the mouth, throat, tongue and tonsils.

This enhanced examination is recognized by the American Dental Association code revision committee as CDT-5 procedure code D0431; however, the nominal fee for this portion of your exam may not be covered by your insurance.

Yes! I authorize the clinician to perform the Velscope Oral Cancer Screening along with the standard oral cancer examination. I accept financial responsibility for this enhanced examination.

Print Name

Signature

Date

No. I would prefer not to have the Velscope Oral Cancer Screening exam at this time.

Print Name

Signature

Date