



## Oral Screening Consent Form

Our practice continually looks for advances to ensure that we are providing the optimum level of oral health care to our patients. We are concerned about oral cancer and look for it in every patient.

**One American dies every hour from oral cancer.** Late detection of oral cancer is the primary cause that both the incidence and mortality rates of oral cancer continue to increase. As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol use are other major predisposing risk factors but **more than 25% of oral cancer victims have no such life style risk factors.** Studies also suggest that human papillomavirus (HPV 16/18) plays a role in more than 20% of oral cancer causes.

*Oral cancer risk by patient profile as follows:*

- Σ **Increased risk:** patients ages 18-39 \*sexually active patients (HPV 16/18)
- Σ **High risk:** patients age 40 and older; tobacco users (ages 18-39, any type within 10 years)
- Σ **Highest risk:** patients age 40 and older with lifestyle risk factors (tobacco and/or alcohol use); previous history of oral cancer

We have recently incorporated Velscope into our oral screening standard of care. We find that using Velscope along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages. Velscope is similar to proven early detection procedures for other cancers such as mammography, Pap smear, and PSA. Velscope is a simple and painless examination that gives the best chance to find any abnormalities at the earliest possible stage. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. The Velscope exam will be offered to you annually. This enhanced examination is recognized by the American Dental Association code revision committee as CDT-2007/08 procedure code D0431; however, this exam might not be covered by your insurance. The fee for this enhanced examination is \$45.00.

Yes. I would prefer to have the Velscope exam at this time.

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

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date