

Oral Screening Consent Form

Complete each time the examination is performed and place in patient's file

Our practice continually strives to provide important enhancements in oral health care for our patients. We are concerned about oral cancer and look for it in all "at risk" patients.

One American dies every hour from oral cancer in the United States

Late detection of oral cancer is the primary reason that mortality rates are so dismal. As with most other cancers, age is the primary risk factor for oral cancer. Though tobacco use is a major predisposing risk factor, **25% of oral cancer victims have no lifestyle risk factors.**

Oral Cancer Risk Profile

Increased risk: *Patients age 40 and older (95% of all cases)*
Patients ages 18-39 years of age combined with any of the following:
Tobacco use
Chronic alcohol consumption
Oral HPV infection

Highest risk: *Patients age 65 and older with lifestyle risk factors*
Patients with history of oral cancer

25% of oral cancers occur in people who don't smoke and have no other risk factors.

We find that using VelScope along with a visual oral cancer examination improves our ability to identify suspicious areas that may have been missed during the conventional examination. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. VelScope is a painless exam that gives us a better chance to find any oral abnormalities you may have at an early stage.

Dental insurance may not cover the VelScope exam. The fee for this enhanced examination is **\$ 65**. ***If, however, your insurance does not cover this exam, we feel this information is so important to our patient's health that we shall provide you with a professional courtesy discount, which shall reduce your cost to only \$ 20.***

Yes. I authorize the clinician to perform the VelScope exam along with the standard oral cancer examination. I accept the \$20 financial responsibility for this enhanced exam.

Print Name: _____

Signature: _____ Date: _____

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

Print Name: _____

Signature: _____ Date: _____

VLP004-2/06

*J Natl Cancer Inst. 2003 Dec. 3;95(23):1772-83.

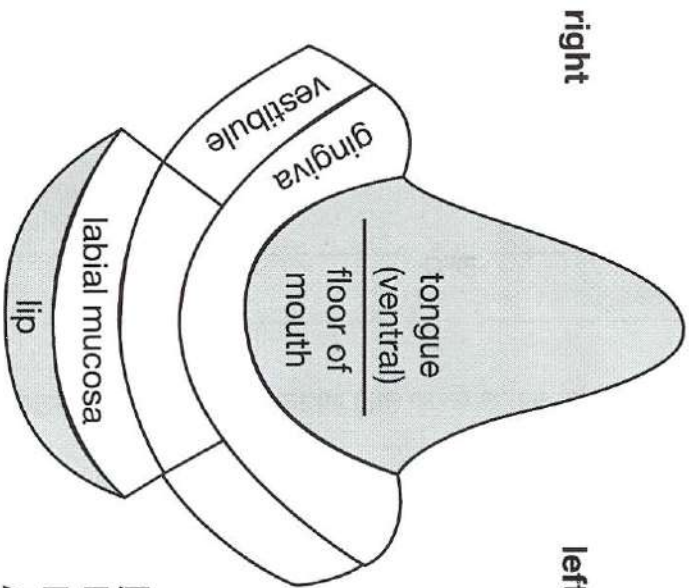
Created by Robert A. Milner, D.D.S. Dental Corp.

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Patient _____ ID _____

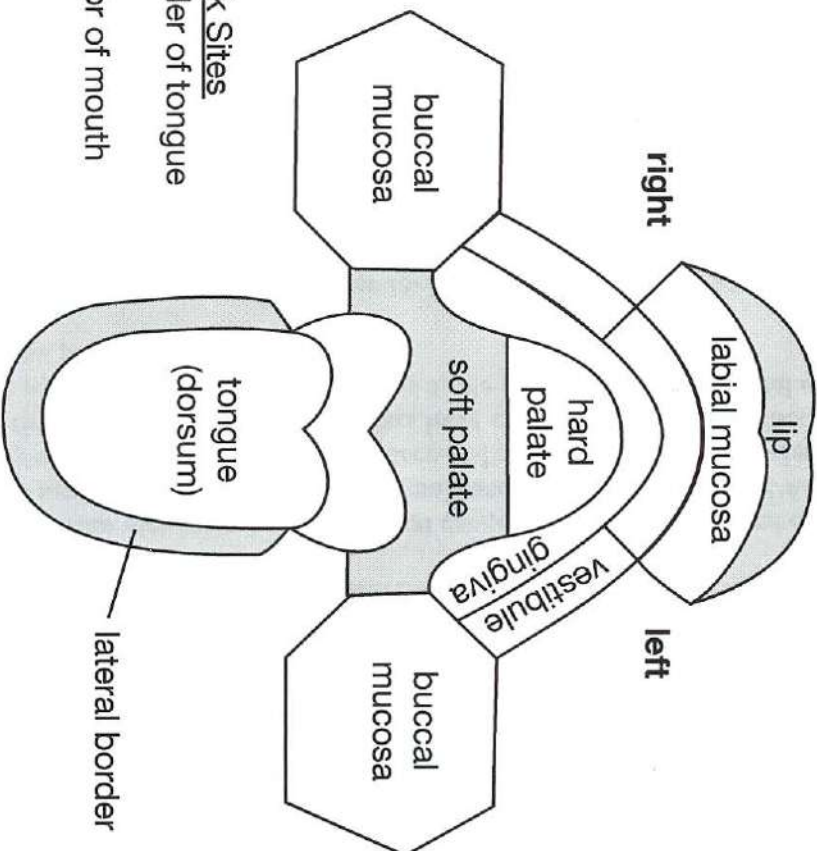
Clinician _____ Date _____



right

left

- Highest Risk Sites
- Lateral border of tongue
- Lip
- Anterior floor of mouth
- Soft palate



right

left