



### Oral Screening Consent Form

Please initial each paragraph after reading. If you have any questions, please ask your doctor or hygienist BEFORE initialing.

\_\_\_1. Unlike several other cancers, the survival rate for oral cancer has remained unchanged for decades. The overall 5 year survival rate for cancer is 52%, but when it is discovered early, it increases to 80%-90%. Unfortunately, only 35% of oral cancer cases are diagnosed in the early stages due to the limitations of the traditional oral cancer screening using white light only.

\_\_\_2. Pre-malignant changes in the tissue actually start below the surface. These changes may not be apparent to the naked eye until the disease progresses to the surface.

\_\_\_3. The known risk factors for oral cancer are: Patients 40 and over, tobacco users, heavy alcohol users, history of oral cancer, human papilloma virus (HPV16, HPV18). In the past three decades there has been a 60% increase in oral cancer in adults under the age of 40.

\_\_\_4. More than 25% of oral cancer victims have no lifestyle risk factors. All patients over the age 18 should be screening annually for cancer.

\_\_\_5. We are concerned about our oral cancer and screen for it on every patient. In addition to the traditional method of screening that we have used in the past, we are now adding a new tool for the screening of oral mucosal tissues.

\_\_\_6. To provide our patients with the optimal level of care, we have added the Velscope, fluorescence visualization technology. The Velscope uses a safe blue light that shines onto and through the oral tissue and has different fluorescence responses to help differentiate between normal and abnormal tissue. The Velscope system is the only adjunctive device cleared by the FDA to help discover oral mucosal lesions that might not be apparent or visible to the naked eye. The screening is painless, non-invasive, with no rinses or stains required and will be completed during your visit today.

\_\_\_7. This enhanced screening is recognized by the American Dental Association, however, this screening may not be covered by your insurance. The fee for this enhanced is **\$25.00**. We recommend this screening for once per year.

\_\_\_8. If you decline this enhanced Velscope screening, we will still perform the traditional oral cancer surface screening, as we have in the past.

I understand that dentistry is not an exact science and that no specific results can be assured or guaranteed. I acknowledge that no such guarantees have been made regarding the dental screening I have authorized

**CONSENT:** I have had the opportunity to have all my questions answered by the doctor and I certify that I understand English. My signature below signifies that I understand the screening that is proposed for me.

**YES**, I authorize the clinician to perform the Velscope screening along with the standard oral cancer screening. I accept financial responsibility for this enhanced screening.

**NO**, I would prefer not to have the Velscope screening at this time.

Print Name: \_\_\_\_\_ Patient's( or legal Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date: \_\_\_\_\_