

## Johns Family and Implant Dentistry

### Oral Cancer Screening Consent Form

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

The incidence of Oral Cancer continues to rise in the USA. Alarming, 25% of the new oral cancer cases are people that do not have any of the traditional lifestyle risk factors, such as age and tobacco and alcohol use. Exposure to HPV (Human Papillomavirus) is a newly discovered risk factor.

Increased risk: patients ages 17-39; sexually active patients (HPV)

High Risk: patients age 40 and older; tobacco uses (any age, any type within 10 years)

Highest Risk: patients age 40 and older with lifestyles consisting of using tobacco and or alcohol

Traditionally, dentists and hygienists have done oral cancer screening with the naked eye, but **VELscope** (Visually Enhanced Lesion scope) **will help us pinpoint and identify suspicious tissue at earlier stages before they may become life threatening concerns.**

VELscope, similar to other early detection procedures like colonoscopy, mammography, PAP smear and PSA exam, is a painless, non invasive blue light that is shined into the patient's mouth. The images are viewed through the back of the VELscope handpiece and the dentist and/or hygienist may find tissue abnormalities at an earlier stage. Before the exam, the room is darkened and much like "Desert Storm night vision technology the clinician can see changes in tissue that may not be visible to the eye. These detected changes can range from something minor to something of greater concern that may require further examination and follow up.

The VELscope testing is an addition to our traditional visual oral cancer screening and will add only a few minutes to the entire exam. However, the Velscope exam may or may not be covered by dental insurance. The fee for this enhanced examination is normally \$65 however, at our office, we charge **\$29, As part of our standard of care and because we are about you, we strongly recommend that you choose this additional screening procedure.**

**Once again, we feel this breakthrough technology is very important to the enhanced quality of care we can offer to our patients.**

**Please check the box to indicate your acceptance to this procedure and charges.**

☐ **YES,** I authorize the office to perform the VELscope examination and accept the charges.

☐ **NO,** I understand the risks and choose not to have the VELscope examination at this visit.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_