**Oral Tissue Abnormality Screening Consent Form**

**We are very concerned about oral cancer and conduct screening examinations on every patient.**

The incidence of Oral Cancer continues to rise in the USA. **Alarmingly, many oral cancer lesions are discovered on healthy people of all different ages that do not have any of the traditional life style risk factors such as tobacco or alcohol use.**

Traditionally, dentists and hygienists have completed oral cancer screenings through a visual and palpable exam—this method is effective to recognize abnormal tissues in moderate to late stages. We know have FDA approved technology available to provide enhanced screening that helps dental providers to visualize abnormalities in the earliest stages—when treatment is most successful and minimally invasive. The **Velscope** (Visually Enhanced Lesion scope) **enables dental providers to enhance the oral cancer screening process through fluorescence technology. This technology allows detection of early suspicious lesions that may not otherwise be seen by the naked eye until they become life threatening.**

Velscope, similar to other early detection procedures like colonoscopy, mammography, Pap smear, and PSA exam, is a painless, noninvasive blue light that allows suspicious tissues to become visible during examination. This device helps dentists to further evaluate tissue changes—some changes may be normal and others may require follow up. This enhanced screening is a standard of care, provided annually.

We are honored to care for you and will always commit to providing the highest standard of care in prevention and treatment. The out of pocket cost for this exam is $40.00 .

Best of health to you!

~Panola Family Dentistry

**YES-**

**I do want to complete my annual Velscope examination today.**

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

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

**NO-**

**I do not want to complete my annual Velscope examination today. I understand that I will respectfully be offered this screening annually.**

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

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