

Oral Cancer 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 rise. As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol use are other major pre-disposing risk factors, but, **more than 25% of oral cancer victims have no such lifestyle risk factors.** There has also been a strong association of risk in young, non-smoking individuals if they carry the Human Papilloma Virus (HPV), which is the virus responsible for more than 95% of all cervical cancer. The concern with these individuals is that they may not even know that they are carrying the virus as there are no symptoms. Oral cancer risk by patient profile is as follows:

Increased risk: Patients ages 18-39

High risk: Patients age 40 and older; tobacco users
(any age, any type within 10 years)

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 the **VELscope Oral Cancer Screening System** into our oral screening standard of care. We find that using the VELscope along with a standard oral cancer examination improves our ability to identify suspicious areas at their earliest stages. The VELscope System is similar to proven early-detection procedures for other cancers such as mammography, Pap smear, and PSA. The VELscope examination is simple and painless and gives us the best chance to find any oral abnormalities at the earliest possible stage. Early detection of precancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. This exam will be offered to you bi-annually.

YES. I authorize Dr. Carter to perform the VELscope Oral Cancer Screening Exam in addition to the standard oral cancer examination. I accept financial responsibility for this enhanced examination.

Print name: _____

Signature: _____ Date: _____

NO. I would prefer not to have the VELscope Oral Cancer Examination at this time.

Print name: _____

Signature: _____ Date: _____