



## **Oral 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. The American Cancer Society indicates that since 2013, there has been a remarkable **61% increase** in this deadly disease. **Alarmingly, over 50% of the new oral cancer cases are people that do not have any of the traditional life style risk factors, such as age and tobacco and alcohol use. However, it is now known that the same virus that causes cervical cancer, HPV (Human Papilloma Virus), is now the leading cause of oral cancer.**

Traditionally, our dentists and hygienists have done oral cancer screening with the naked eye, but recently a new technology, the **VELscope** has received FDA approval. The **VELscope** (for Visually Enhanced Lesion scope) **will help us pinpoint and identify suspicious tissue at earlier stages before they may become life threatening concerns.**

VELscope, like 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 hygienist or dentist may find tissue abnormalities at an earlier stage. Before the exam, the room maybe darkened and with the special 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. The normal fee for this procedure is \$65, however, the Doctor feels so strongly that every patient has this examination at least once a year our charge for this enhanced examination is only \$XX. The encouraging aspect of your insurance is that this is the most you will have to pay out of pocket. As part of our standard of care and because we care about you, we strongly recommend that you choose this additional screening procedure.**

**Please sign the area below to accept the financial responsibility for this procedure.**

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

Thank you for your kind consideration.

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**I authorize the office to perform the VELscope examination.**

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

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