

Southern Boulevard Dental Center

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...CONCERNED WITH YOUR HEALTH

Oral 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 the mortality rates of oral cancer continue to increase. As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol use are other major predisposing risk factors but **more than 25% of oral cancer victims have no such lifestyle risk factors!** Studies also suggest that human papillomavirus (HPV 16/18) plays a roll in more than 20% of oral cancer causes.

Oral cancer risk by patient profile is as follows:

Increased Risk: patients ages 18-39: sexually active patients (HPV 16/18)

High Risk: patients age 40 and older; tobacco users (ages 18-39, 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 incorporated **Velscope**, blue light fluorescent visualization, into our oral screening standard of care. We find that using **Velscope** along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages. **Velscope** is similar to proven early detection procedures for other cancers such as mammography, Pap smear, and PSA. **Velscope** is a simple and painless examination that gives the best chance of finding any abnormalities at the earliest possible stage. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life.

The **Velscope** exam will be offered to you annually. This enhanced examination is recognized by the American Dental Association code revision committee as CDT-2009-2010 procedure code D0431; however, this exam might not be covered by your insurance. The fee for this enhanced **Velscope** examination is \$45.00.

_____ Yes, I elect to have the **Velscope** exam at this time.

_____ No, I decline to have the **Velscope** exam at this time.

PRINT NAME

SIGNATURE

DATE