

**Greeley Dental Health**  
**1600 23<sup>rd</sup> Avenue Ste 200**  
**Greeley, CO 80634**  
**970-353-4329**

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*Enhanced Oral Assessment*

## **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 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.**

We have recently incorporated Velscope® 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 to find any oral abnormalities at the earliest possible stage. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and probably 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-5 procedure code D0431; however, this exam might not be covered by your insurance. **The fee for this enhanced examination is \$20.00.**

**Yes.** I authorize the clinician to perform the oral cancer screening. I accept financial responsibility for this enhanced examination if my insurance company does not currently cover this procedure.

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

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

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

**No.** I would prefer not to have an oral cancer screening at this time.

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

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

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