

PREMIER FAMILY DENTISTRY

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VELscope Screening Consent

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. It is one of the few types of cancer that has not seen a significant reduction in incidence over the past thirty years, and recent research has shown a strong association with Human Papilloma Virus (HPV), which can be sexually transmitted. For this reason, many oral health care professionals now believe that all individuals over the age of 18 should have at least an annual oral examination. While, age, tobacco, and alcohol use are risk factors for oral cancer, **more than 25% of oral cancer victims have no lifestyle risk factors.**

We have recently incorporated the VELscope into our oral screening standard of care. We find that using the VELscope along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages, **before they are apparent to the naked eye.** The VELscope is similar to proven early detection procedures for other cancers such as mammography, Pap smear, and PSA. A VELscope screening is a simple and painless examination that gives the best chance to find any oral abnormalities at the earliest possible stage, before they become cancerous. Early detection of precancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save a 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. More and more insurance companies are covering the cost of the screening however, **this exam is not covered by your insurance.** The fee for this enhanced examination is **\$35.**

I have read the above and understand that this is mandatory for all patients ages 18 and over.

Signature: _____ Date: _____

Print Name: _____