

# Adjunctive Oral Cancer Screening Acceptance Form

**Complete each time the examination is performed and place in the patients file**

Our practice continually strives to provide important enhancements in oral health care for our patients. We are concerned about oral cancer and look for it in all at risk patients.

## **One person dies every hour from oral cancer in the United States**

Late detection of oral cancer is the primary reason that mortality rates are so dismal. As with most other cancers, age is the primary risk for oral cancer. Though tobacco use is a major predisposing risk factor, **25% of oral cancer victims have no lifestyle risk factors.**

### **Oral Cancer Risk profile**

#### **Increased risk**

- Patients age 40 and older (95% of all cases)
- 18-39 years of age combined with any of the following:
  - Tobacco use
  - Chronic alcohol consumption
  - Oral HPV infection

#### **Highest risk**

Patients age 65 and older with lifestyles risk factors

Patients with history of oral cancer

**25% of oral cancers occurs in people who don't smoke and have no other risk factors.**

We find that using our **Cancer Screening Light** along with a visual oral cancer examination improves our ability to identify suspicious areas that may have been missed during the conventional exam. Early detection of precancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly and save your life. Our **Cancer Screening Light** is a painless exam that gives us a better chance to find any oral abnormalities you may have at an early stage.

We will do these screenings with your hygiene appointment or at least once a year. Our fee is **55.00** which will be due when you check out. However we will file it with your insurance and refund the amount they reimburse us to you when received. We are excited to be able to offer you this advancement in oral health care!

**Yes.** I authorize the clinician to perform the Cancer Screening exam along with 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 Cancer Screening exam at this time.

Print name: \_\_\_\_\_

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