

Early Detection with a Painless Exam Is Your Best Protection

Patient Consent Form – Oral Screening

Oral cancer rates are on the rise and the seriousness of this disease cannot be overestimated. To address and reduce the incidence of oral cancer, our practice has instituted a voluntary oral cancer screening in line with our policy of providing the most advanced dental care available to our patients.

People at risk are those who use tobacco and alcohol, as well as anyone over 40 years of age. However, statistics show that in over 25% of oral cancer victims do not exhibit any of these risk factors and this year alone over 30,000 Americans will die of oral cancer. As with any cancer early detection is the most critical factor in defeating this disease.

Our practice recently incorporated the Microlux/DL into our oral screening standard of care. We find that using the Microlux/ DL along with a visual oral cancer examination improves the ability to identify a suspicious area at its earliest stages. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. The Microlux/ DL 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 _____.

Yes. I authorize the clinician to perform the Microlux/ DL exam along with the standard oral cancer examination. I accept financial responsibility for this enhanced examination.

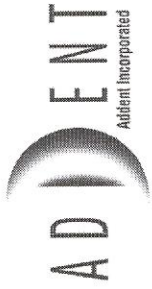
Print Name: _____

Signature: _____ Date: _____

No. I would prefer not to have the Microlux/ DL exam at this time.

Print Name: _____

Signature: _____ Date: _____



Patient _____ Date _____

Phone _____

Dentist _____ Phone _____

Notes _____

