



EMIGH DENTAL CARE

Advanced Oral Cancer Screening Consent Form

VELscope

Oral cancer rates are on the rise and the seriousness of this disease cannot be overestimated. Oral Cancer has become the sixth leading cancer among men and is one of the few cancers in which the rate of detection is increasing among young adults. Most people are not aware of the potential risk; however, when detected early enough, the survival rate for oral cancer is very high. People at higher risk are those who use tobacco and alcohol, as well as anyone over 40 years of age. However, statistics show that over 25% of oral cancer victims do not exhibit any of these risk factors and this year alone over 30,000 Americans will be diagnosed with oral cancer. As with any type of cancer, early detection is the most critical factor.

Emigh Dental Care has always conducted a visual comprehensive oral screening for all of our patients, but we have recently incorporated an FDA approved technology called VELscope (Visually Enhanced Lesion scope) which will help us pinpoint and identify suspicious tissue with a non invasive blue light similar to night vision technology, By detecting potential problems earlier not seen by the naked eye we'll be providing our patients with the best oral health care currently available.

The VELscope testing is in addition to our traditional visual oral cancer screening and will add only a few minutes to the entire exam. However, the VELscope exam may not be a covered benefit with your dental insurance. **We offer it to all of our new patients at no out of pocket cost.** It's part of our standard of care and because our philosophy is preventative care we recommend that you choose this additional screening as your annual preventative care.

Please sign the area below to accept the financial responsibility for this procedure.

YES I authorize the office to perform the VELscope examination

Print Name: _____

Sign: _____ Date: _____

NO thank you, I would prefer not to have the VELscope oral cancer exam.

Print Name: _____

Sign: _____ Date: _____