TATUM POINT DENTISTRY

Oral Abnormality Screening Consent Form

We are very concerned about oral cancer and conduct screening examinations on every patient. The incidence of Oral Cancer continues to rise in the USA. The American Cancer Society indicates that since 2013, there has been a remarkable 61% increase in this deadly disease. **Alarmingly, over 50% of the new oral cancer cases are people that do not have any of the traditional lifestyle risk factors, such as age, tobacco and alcohol use. However, the fastest rate of Oral Cancer is in patients that do not smoke or drink and are below the age of 36. It is believed that the virus can be TRANSMITTED simply through kissing. Sexually Active, HPV Positive, smokers, 2+ drinks per day, poor access to healthcare, poor diet, and history of cancer in family are at an increased risk. It is now known that the same virus that causes cervical cancer, HPV (Human Papilloma Virus), is now the leading cause of oral cancer.**

VELscope, like other early detection procedures like colonoscopy, mammography, PAP smear and PSA exam, is a painless, non-invasive blue light that is shined into the patient's mouth. The images are viewed through the back of the **VELscope** handpiece, and the hygienist or dentist may find tissue abnormalities at an earlier stage. Before the exam, the room maybe darkened and with the special vision technology the clinician can see changes in tissue that may not be visible to the eye. These detected changes can range from something minor to something of greater concern that may require further examination and follow up.

Prescreening questions:

Have you ever had an oral cancer screening performed? YES NO ☐ ☐
Do you regularly use sunblock to reduce sun exposure? YES NO ☐ ☐
Do you eat a low amount of fruit and vegetables? YES NO ☐ ☐
Have you ever had an area in your mouth that you were/are concerned about (sore, irritation)? YES NO ☐ ☐
If YES, where?_____
Have you ever tested positive for HPV-Human Papillomavirus? YES NO ☐ ☐
Have you ever smoked (cigarettes, pipe, cigars, recreational drugs, vaped or used chew tobacco? YES NO ☐ ☐
If YES: What is frequency of use (please circle): Daily, Weekly, On Occasion
How much do you smoke/chew during that time? _____
How old were you when you started? _____
How many alcohol drinks per week? (please circle) 0 1-5 5-10 15+

For female patients:

Have you ever had a Pap smear, mammogram or PSA performed? YES NO ☐ ☐
Have you ever had a positive cervical Pap smear? YES NO ☐ ☐

Traditionally, our dentists and hygienists have done oral cancer screening with the naked eye, but recently a new technology, the **VELscope** has received FDA approval. The **VELscope** (for Visually Enhanced Lesion scope) **will help us pinpoint and identify suspicious tissue at earlier stages before they may become life threatening concerns. Oral cancer is one of the easiest to treat when found early but has one of the lowest survival rates because it generally is found too late.**

The VELscope testing is an addition to our traditional visual oral cancer screening and will add only a few minutes to the entire exam. The normal fee for this procedure is $65, however, the Doctor feels so strongly that every patient has this examination at least once a year our charge for this enhanced examination is only $45. The encouraging aspect of your insurance is that this is the most you will have to pay out of pocket. As part of our standard of care and because we care about you, we strongly recommend that you choose this additional screening procedure. Please sign the area below to accept the financial responsibility for this procedure.

YES _____ **NO**_____

I authorize the office to perform the VELscope examination.

Print Name_____

Signature_____ Date _____

ANATOMY CHECKLIST

LIPS
_____Upper
_____Lower
_____Vermillion Border
_____Commisures

FAUCIAL PILLARS
_____Right Posterior
_____Right Anterior
_____Left Posterior
_____Left Anterior

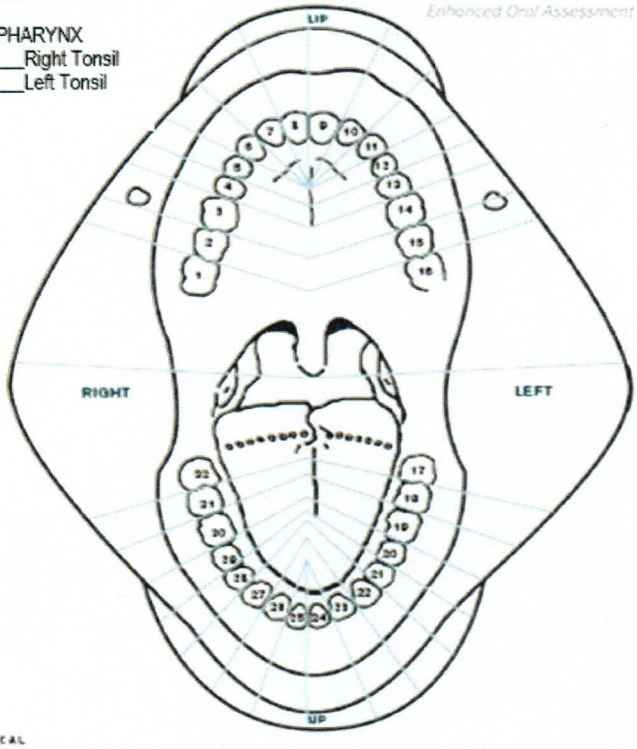
Patient Name Date

_____

CHEEKS
_____Right
_____Left

OROPHARYNX
_____Right Tonsil
_____Left Tonsil

VELscope
Enhanced Oral Assessment

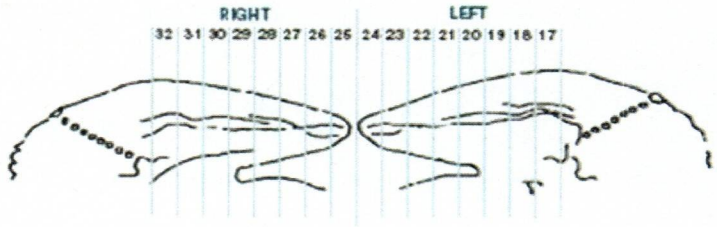


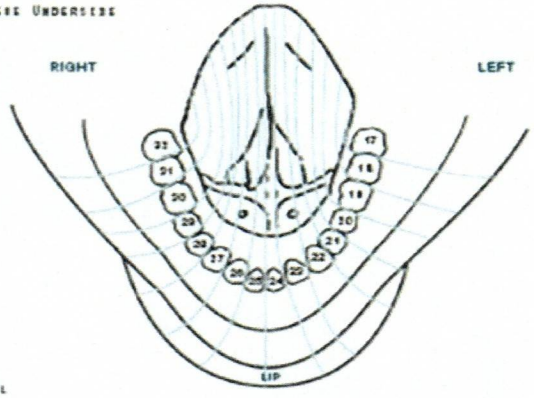
CLINICAL IMPRESSION: _____

PALATE
_____Uvula
_____Soft
_____Hard

TONGUE
_____Dorsum
_____Right Lateral Border
_____Left Lateral Border
_____Ventral

FLOOR
_____Wharton's Duct





CLINICAL IMPRESSION: _____