

## Oral Screening Consent Form

Complete each time the examination is performed and place in the patient's file.

**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. As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol use are other major predisposing risk factors but **more than 25% of oral cancer victims have no such lifestyle risk factors.** Oral cancer risk by patient profile is as follows:

**Increased risk:** patients age 18-39

**High risk:** patients age 40 and older; tobacco users (any age, any type within 10 years)

**Highest risk:** patients age 40 and older with lifestyle risk factors (tobacco and or alcohol use); previous history of oral cancer

We have recently incorporated **Oral ID** into our oral screening standard of care. We find that using Oral ID along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages; Oral ID is similar to proven early detection procedures for other cancers such as mammography, Pap smear and PSA. Oral ID is a simple and painless examination that gives the best chance to find any oral abnormalities at the earliest possible stage. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. The Oral ID exam will be provided to you on your re-care appointments.

This enhanced examination is recognized by the American Dental Association. Dr Covell and the team consider it such an important asset to your overall dental health that **there is no fee for this examination.**

**YES.** I authorize the clinician to perform the Oral ID exam along with the standard oral cancer examination. I understand that the fee for this service is included in my re-care appointment annually.

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

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

**No.** I would prefer not to have the Oral ID exam at this time.

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

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