

ORAL SCREENING CONSENT FORM



Our office 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 rise. As with most cancers, age is the primary risk factor. Tobacco and alcohol use are other major predisposing factors, but more than 25% of oral cancer victims have no such lifestyle risk factors. Studies also suggest that human papillomavirus (HPV) plays a roll in more than 1 in 5 oral cancer causes. Oral cancer risks by patient profile are as follows:

Increased Risk:	Patients ages 18-39 --sexually active patients (HPV)
High Risk:	Patient age 40 and older Tobacco users (ages 18-39, any type within last 10 years)
Highest Risk:	Patients age 40 and older with lifestyle risk factors (tobacco and/or alcohol use) Those with previous history of oral cancer

We have recently incorporated Sapphire® Plus Lesion Detection into our oral screening standard of care. We find that using Sapphire® Plus Lesion Detection along with the doctor's visual exam, is similar to other proven early cancer detection procedure, such as mammogram, Pap smear, and PSA test. Sapphire® Plus Lesion is a simple and painless examination that gives the best chance to find any abnormalities at the earliest possible stages. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. This exam will be offered to you annually.

This enhanced examination is recognized by the American Dental Association code revision committee as CDT-2011/12 procedure code D0431; however, this exam might not be covered by your dental benefit plan. The fee for this enhanced examination is \$35.00.

- Yes. I would prefer to have the Sapphire® Plus Lesion Detection exam at this time.
- No. I would prefer not to have the Sapphire® Plus Lesion Detection exam at this time.

Print Name _____

Signature _____ Date _____