

DOE ORAL CANCER SCREENING CONSENT FORM

Recent evidence suggest that oral cancer is on the rise and we want to take a more active role in increasing your awareness of the importance of oral cancer screening as well as provide the best possible care to our patients. With 36,000 Americans diagnosed yearly with oral cancer the dental office can be the first line of defense against cancer. There is a 90% chance of survival rate when detected early. We are seeing an increase in the HPV virus especially in the younger population so oral cancer screening is becoming more crucial every day. Oral cancer has the worst 5 year survival rate of any cancer but if it is recognized early, then the chance of a cure/survival is good. Late detection is one of the primary causes of increased mortality rates from oral cancer.

Risk factors - but not limited to the following:

- Age – age 40 and older
- Tobacco Use
- Drinking alcoholic beverages
- Oral HPV Virus – increasing in young adults

Even though you may not have any of the risk factors above, you are still at risk. CDC recommends an annual oral cancer screening exam. Any delay could put you at risk of oral cancer not being detected at an early stage as oral cancer is often painless in the early stages.

With the advent of technology, we now have better tools to help spot cancer in its early stages. We have incorporated the Dental Oral Exam system into our practice to provide better care to our patients. This system helps the doctor possibly identify an abnormality at an early stage. This is a painless exam that will take approximately 1-2 minutes. The American Dental Association provides a procedure code for the examination and we will make every effort to maximize your insurance and to get coverage for the procedure; however please note that your insurance company may not cover this procedure. The fee for this procedure is \$45.00.

I have read the above statements and have received a copy of them if requested, and recognize their importance in helping me make a decision. My signature indicates that I have read and understand this consent document. The risk and benefits have been explained to me as well as the financial obligation. I have been given ample opportunity to ask questions. I understand that this is a screening tool and not a definitive diagnostic tool and no guarantees have been made to me.

(Please circle your choice)

Accept

or

Decline

Print Name

Date

Signature

Provided by Paul G. Wilke, DDS, AIAOMT, ACN / Total Mouth Fitness

(office use) _____ witness