

One Person dies every hour from oral cancer in the United States.

Adjunctive Oral cancer Screening Acceptance Form

Oral Cancer Risk Profile:

Increased risk

- Patients age 40 and older (95% of all cases)
- 18-39 years of age combined with any of the following:
 1. Tobacco use,
 2. Chronic alcohol consumption.
 3. Oral HPV infection

Highest Risk

- Patients age of 65 and older with life-style risk factors.
- Patients with history of oral cancer,
- **25% of oral cancers occur in people who don't smoke and have no other risk factors.**

Our practice continually strives to provide important enhancements in oral health care for our patients. We are concerned about oral cancer and look for it in all at risk patients.

Late detection of oral cancer is the primary reason that mortality rates are so dismal. As with most other cancers, age is the primary risk factor for oral cancer. Though tobacco use is a major predisposing risk factor, 25% of oral cancer victims have no life-style risk factors.

We find that using Vizilite Plus along with a visual oral cancer examination improves our ability to identify suspicious areas that may have been missed during the conventional examination. Early detection of precancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. Vizilite Plus is a painless exam that gives us a better chance to find any oral abnormalities you may have at an early stage.

Insurance information on this procedure:

Dental Insurance might not cover the Vizilite Plus exam. However, this office is happy to verify your coverage for you and will also provide you with a medical insurance form for you to use to file this procedure with your medical insurance. The fee for this enhanced examination is \$65.00.

Please refer to this website for information on Vizilite:
www.youtube.com/watch?v=kc9-IUjZmVA

Or

www.youtube.com/watch?v=YL079XqPcEU

Yes. I authorize Dr. Blum/staff to perform the Vizilite Plus exam along with the standard oral cancer examination. I accept financial responsibility for this enhanced examination.

Print name: _____

Signature: _____ Date: _____

No. I would prefer not to have the Vizilite Plus exam at this time.

Print Name: _____

Signature: _____ Date: _____