

Moore & Smiles

Family & Cosmetic Dentistry

ORAL CANCER SCREENING CONSENT FORM

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 the 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 ages 18-39

-sexually active patients (HPV 16/18)

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 incorporated **Velscope** into our oral screening standard of care. We find that using **Velscope** along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages. **Velscope** is similar to proven early detection procedures for other cancers such as mammography, pap smear, and PSA. **Velscope** 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 **Velscope** exam will be offered to you annually.

The enhanced examination is recognized by the American Dental Association code Revision committee as CDT-2007/08 procedure code D0431; however, this exam might not be covered by your insurance. The fee for this enhanced examination is **\$35.00**

YES, I authorize the clinician to perform the **Velscope** exam along with the standard oral cancer examination. I accept financial responsibility for the enhanced examination.

Print Name: _____

Signature: _____ Date: _____

NO, I would prefer not to have the Velscope exam at this time.

Print Name: _____

Signature: _____ Date: _____

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LOCAL ANESTHESIA-DENTAL INJECTIONS

Dental injections are the mainstay of pain control and are a valuable asset to your dental procedures. The following are possible risks and side effects, some related to the drugs and some related to the injection technique, which are provided for your information and safety. This list is a supplement to the "Statement of Consent for Oral Surgery and Anesthesia".

- *Drowsiness, convulsions, unconsciousness, breathing interruption*
- *Nervousness, dizziness, blurred vision, tremors*
- *Fainting, seizures, heart attack, cardiac arrest*
- *Allergy, itching, facial swelling, sudden life threatening reaction*
- *Lip biting injury while numb*
- *Injury to jaw nerves with resulting numbness or sensation change of the lip, tongue, or cheek occasionally irreversible*
- *Mouth ulcer*

Patient

Date

Guardian/Parent of Minor

Relation to Patient