

Fairway Dental Care

Dr. Dennis Lucas, D.M.D.

VELscope Oral Cancer Screening Consent Form

We are very concerned about oral cancer and conduct screening examinations on every patient. The incidence of Oral Cancer continues to rise in the USA. The American Cancer Society indicates that in 2007, they expect a remarkable 11% increase in this deadly disease. Alarmingly, 25 % of the new oral cancer cases are people that do not have any of the traditional lifestyle risk factors, such as age and tobacco and alcohol use. Traditionally, dentists and hygienists have done oral cancer screening with the naked eye, but recently a new technology, the VELscope has received FDA approval. The VELscope (for Visually Enhanced Lesion scope) will help us pinpoint and identify suspicious tissue at earlier stages before they may become life threatening concerns. VELscope, similar to other early detection procedures like colonoscopy, mammography, PAP smear and PSA exam, is a painless, noninvasive blue light that is shined into the patient's mouth. The images are viewed through the back of the VELscope handpiece and the hygienist or dentist may find tissue abnormalities at an earlier stage. During the exam, the clinician can see changes in tissue that may not be visible to the eye. These detected changes can range from something minor to something of greater concern that may require further examination and follow up.

The VELscope testing is an addition to our traditional visual oral cancer screening and will add only a few minutes to the entire exam. However, the VELscope exam may or may not be covered by dental insurances. Your first VELscope examination will be at no charge, then once a year when completed the fee for this enhanced examination is \$44, as part of our standard of care and because we care about you, we strongly recommend that you choose this additional screening procedure.

Please check / sign the area below to accept and or decline this procedure. Once again, we feel this breakthrough technology is very important to the enhanced quality of care we can offer to our patients.

Thank you for your kind consideration.

- YES, I authorize the office to perform the VELscope examination once a year.**
- NO, I do not authorize the office to perform the VELscope examination once a year and would only like the standard oral cancer screening exam to be completed.**

Print Name _____

Signature _____ Date _____