



ORAL SCREENING CONSENT FORM

Our practice continually looks for advances to ensure that we are providing the optimum level of oral health to our patients. We are concerned about oral abnormalities (including oral cancer).

One American is diagnosed with oral cancer every 15 minutes. One American dies every hour from oral cancer. Late detection of oral cancer is the primary cause that both the incidence and the mortality rate of oral cancer continues 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:

Increase risk: *Patients ages 18 – 39*
Tobacco use
Chronic alcohol consumption
Sexually active patients (age 16-18)
HPV infection, High risk for Oral pharyngeal cancer

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 **Identafi 3000 Ultra Oral Cancer Technology** into our oral screening standard of care. We find that using **Identafi** along with our comprehensive oral examination improves the ability to identify suspicious areas at their earliest stages. **Identafi** is similar to proven early detection procedures for other cancers such as mammography, Pap smear, and PSA. **Identafi** is a simple and painless exam that gives the best chance to find any oral abnormalities at the earliest possible stage. Early detection of abnormal tissue can minimize or eliminate the potentially disfiguring effects of various lesions including oral cancer and possibly save your life. Although no diagnostic device is fool proof or an absolute guarantee of accuracy, these diagnostic tools do improve our diagnostic abilities. The **Identafi** exam will be offered to you annually.

This enhanced exam is recognized by the American Dental Association code revision committee as CDT procedure Code D0431; however, this exam might not be covered by insurance. The fee for this enhanced examination is **\$53.00**.

Yes. I authorize the clinician to perform the **Identafi** 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 **Identafi** Exam at this time:

Print Name: _____

Signature: _____ Date: _____