

Sophia Papa DDS, PLLC

Family & Cosmetic Dentistry

777 Douglas Ave

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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 major predisposing risk factors but **more than 25% of oral cancer victims have no such lifestyle risk factors.** Oral cancer risk patient profile is as follows:

Increased Risk: patient 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: patient age 40 and older with lifestyle risk factors (tobacco and/or alcohol use)

previous history of oral cancer

We have recently incorporated the latest technology into our oral screening standard of care. We find that using this advanced technology along with the standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages. This technology is similar to proven early detection procedures for other cancers such as mammography, Pap smear, and PSA. It 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. This advanced exam will be offered to you annually.

This enhanced examination is recognized by the American Dental Association code revision committee as procedure code D0431; however, this exam might not be covered by your insurance. The fee for this enhanced examination is **\$29.00**.

Yes, I authorize the clinician to perform this advance exam along with the standard oral cancer examination. I accept financial responsibility for the enhanced examination.

Print Name: _____ Date: _____

Signature: _____

No, I would prefer not to have the advanced oral cancer screening exam at this time.

Print Name: _____ Date: _____

Signature: _____