



### **Consent Form – Oral Cancer Screening**

Our office strives to bring its patients state-of-the-art technology to provide you with the latest advancements in oral health. We have recently introduced the OralID screening device into our office. The OralID examination will aid in visualization of oral mucosal abnormalities, such as cancer, and pre-cancer. This procedure is quick, painless and requires no rinses or dyes.

Similar to other cancers, early detection of oral cancer is critical. If oral cancer is detected in its later states, which typically only occurs during a conventional oral cancer exam, the chances of survival are drastically reduced.

#### **Who is at Risk?**

- Age 17+ Years
- Tobacco Use
- Alcohol Use
- HPV Infection
- Previous history of cancer

If you have any questions about risk factors, please feel free to talk to our hygiene staff. We recommend all of our patients be screened with the OralID.

**Our office charges \$25 per screening with OralID and is due at the time of service. Insurance DOES NOT cover OralID.**

**YES**, I request that your staff perform an examination with the OralID. I accept financial responsibility for this examination.

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NO**, I prefer not to have this examination at this visit.

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_