

# VELscope Oral Cancer Screening Consent Form

Healthy Smiles Family Dentistry  
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Our practice continually looks for advances to offer and provide the optimum level of oral healthcare to our patients. We are very concerned about the rise in 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 continues to increase. As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol use are other major predisposing risk factors but **more than 25% of oral cancer victims have no such lifestyle risk factors.** Studies also suggest that human papillomavirus (HPV) plays a role in more than 20% of oral cancers causes.

**Oral cancer risk by patient profile as follows...**

- Increased Risk:** Patients age 18-39  
Sexually active patients (HPV)
- High Risk:** Patients age 40 and older  
Tobacco users ages 18-39, 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 recently 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, along with the doctor's visual exam, 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 abnormalities at the earliest possible stage. Early detection of precancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save you life.

**The VELscope exam will be offered to you annually.**

**This enhanced examination is recognized by the American Dental Association;  
however, this examination may not be covered by your dental insurance company.**

**The fee for this enhanced examination is \$53.00.**

**YES.** I want to have the VELscope exam at this time

**NO.** I do not want the VELscope exam at this time

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_