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 incident 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 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 16/18) plays a role in more than 20% of oral cancer cases. Oral cancer risk by patient profile is as follows:

Increased risk: patients ages 18-39 – sexually active patients (HPV 16/18)

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 Trimira Identafi 3000 ultra into our oral screening standard of care. We find that using Trimira Identafi 3000 ultra along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages. Trimira Identafi 3000 ultra is a simple and painless examination that gives the best chance to find any oral abnormalities at the earliest possible stage. The system has three types of light that detect signs of oral cancer:

White light: is the conventional examination of tissues
Violet Light: allows detection of dark spots (potential cancerous spots) against natural tissue
Green-Amber: enhances normal tissue reflectance properties to further contrast healthy tissues from cancerous tissues.

Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. The Identafi 3000 ultra exam will be offered to you annually.

This enhanced examination is recognized by the American Dental Association code revision committee as CDT-2007/08 procedure code D0431: this exam is currently being covered by most dental carriers, if it is not covered you will be responsible for the fee.

_____ Yes, I would like to have the Trimira Identafi 3000 ultra exam

_____ No, I would prefer not to have the Trimira Identafi 3000 ultra exam at this time.

Print name: ____________________________________________
Signature: ____________________________________________ Date: ______________________