

**JACARANDA SQUARE DENTISTRY**  
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**Oral Cancer Screening Consent Form**  
**Early Detection Is The Key To Saving Lives**

Our practice continually seeks advances to ensure that we are providing the optimum level of oral healthcare to our patients. We are concerned about oral cancer and screen every patient. **One person in America dies from oral cancer every hour.** 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 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:

**Increased risk:** *Patients ages 18-39 (sexually active patients; Human Papilloma Virus/16-18).*  
**High risk:** *Patients age 40 and older, tobacco users (any age, 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 for an oral cancer examination improves the ability to identify suspicious areas at their earliest stages. **VELscope is similar to proven early detection procedures for other cancers such as mammography, Pap smear, and PSA and is recommended once a year by the American Cancer Society.** VELscope is a simple and painless examination that gives the best chance to find any oral abnormalities at their 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.

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

*\*The fee for this examination is \$35 and is due at the time of service.*

***This exam is highly recommended.***

Below listed are the leading risk factors associated with oral cancer.  
Please check if any of the following apply to you:

\_\_\_\_\_ Use of Tobacco Products \_\_\_\_\_ Family Members Have Had Cancer  
\_\_\_\_\_ Drink Alcohol \_\_\_\_\_ Over Age 40

\_\_\_\_\_ **YES.** I authorize the clinician to perform the VELscope exam along with the standard oral cancer examination and assume total financial responsibility for it.

\_\_\_\_\_ **NO.** I decline the VELscope exam at this time.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_