

# OralID

## ORAL CANCER SCREENING ACCEPTANCE FORM

ORAL CANCER SCREENING WILL BE OFFERED AND IS RECOMMENDED ANNUALLY.

**Oral Cancer Risks Include:**

>Oral HPV 16/18 Infection

>Age – 17+ years

>Tobacco Use

>Chronic Alcohol Consumption

**25% OF ORAL CANCERS OCCUR IN PEOPLE WHO DON'T SMOKE AND HAVE NO OTHER RISK FACTORS**

Research has shown that late detection of oral cancer is the primary reason that mortality rates are so dismal. We offer the **OralID** examination which allows us to visualize any oral mucosal abnormalities including cancer and dysplasia (pre-cancer) before they can be detected with the naked eye. The procedure is quick, painless and no rinses or dyes are used. Dental insurance may or may not cover the exam. However, we will verify your coverage and let you know prior to administering the exam. We recommend screening annually and encourage patient's to not make their decisions based on their insurance coverage alone.

**The fee for the exam is \$35.00**

**Yes.** I authorize the Dentist/Hygienist or assistant to perform the Oral ID Cancer screen exam and accept financial responsibility for the exam.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_