



## ORAL CANCER SCREENING CONSENT FORM

Our office, in keeping with our professional obligations of oral health as well as systemic health, will be providing oral cancer screening to our patients.

**One American dies every hour from oral cancer.** Late detection of oral cancer is the primary cause of increase in incidence and mortality rates of oral cancer. 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*
- High risk:** Patient age 40 and older; tobacco users (any age, 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*

This examination is recognized by the American Dental Association code committee as CDT-5 procedure code D0431; however, this exam might not be covered by your insurance. The fee for this examination is \$ 30.00.

**Yes.** I authorize the clinician to perform an oral cancer screening examination and I accept financial responsibility for this examination.

Print name: \_\_\_\_\_

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

**No.** I would prefer not to have an oral cancer screening at this time.

Print name: \_\_\_\_\_

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