

Jessy S. Sidhu, DMD Prof. Corp.  
Cosmetic & Family Dentistry  
**Oral Cancer Screening Consent Form**

Our Office 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 other Mucosal Abnormalities and always screen for them. During your comprehensive visit, we will be doing a tissue screening. Oral Cancer is a rapidly growing problem. 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 continue to increase.

**Oral Cancer risk by patient profile is as follows:**

- Increased risk:** Ages 18-39  
**High risk:** Ages 40 and older; tobacco users (any age, any type) within last 10 years  
**Highest risk:** Ages 40 and older with lifestyle risk factors (tobacco and or alcohol use); previous history of oral cancer

Our Practice is proud to offer the Velscope Vx into our Oral Cancer screening standard of care. We find that by using the Velscope Vx, along with a visual Oral Cancer Examination, improves the ability to identify abnormal tissue at its earliest stages. Early detection of potentially cancerous tissue can minimize or eliminate the disfiguring effects of Oral Cancer and possibly save your life. This screening will be offered to you annually.

This enhanced examination is recognized by the American Dental Association code revision committee as CDT-9 procedure code D0431; however this exam might not be covered by your insurance. The fee for this enhanced examination is \$35 dollars.

Yes. I authorize the Clinician to perform the Velscope Vx screening. I accept financial responsibility for this enhanced examination. \_\_\_\_\_

Print Name

Sign & Date

No. I would prefer not to have the Velscope Vx screening at this  
time \_\_\_\_\_

Print Name    Sign & Date