

**Adjunctive Oral Cancer Approval Form**

Our practice continually strives to provide important enhancements in oral health care for our patients. We are concerned about oral cancer and look for it in all patients.

*One person dies every hour from oral cancer in the United States.*

**Late detection of oral cancer is the primary reason that mortality rates are so dismal. As with most other cancers, age is the primary risk factor for oral cancer. Though tobacco use is a major predisposing risk factor, 25% of oral cancer victims have no lifestyle risk factors.**

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| **Oral Cancer Risk Profile**  **Increased Risk**   * Patients age 40 and older( 95% of all cases) * 18-39 years of age combined with any of the following: * Tobacco use * Chronic alcohol consumption * Oral HPV Infection   **High Risk**   * Patients age 65 and older with lifestyle risk factors * patients with history of oral cancer   25% of Oral cancers occur in people who don't smoke and have no other risk factors |

Our ability to identify suspicious areas during examination by early detection allow us to identify precancerous tissue that can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life.

Dental Insurance **might not** cover the adjunctive oral cancer examination. The fee for this examination is $71.00 due today.

**YES.**  I authorize the clinician to perform the adjunctive oral cancer examination. I accept financial responsibility for this examination.

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

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

**NO.** I would prefer not to have the adjunctive oral cancer examination at this time.

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

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