



Consent form for oral cancer screening

Our office strives to bring its patients state-of-the-art technology to provide you with the latest advancements in oral health. We have recently introduced the OralID screening device into our office. The OralID examination will aid in visualization of oral mucosal abnormalities, such as cancer and pre-cancer. The procedure is quick, painless and no rinses or dyes are used.

Similar to other cancers, early detection of oral cancer is critical. If oral cancer is detected in its later stages, which typically only occurs during a conventional oral cancer exam, the chances of survival are dramatically reduced.

Who is at risk?

- Age: 17+ years
- Tobacco use
- Alcohol use
- HPV infection
- Previous history of cancer

If you have any questions about risk factors, please feel free to talk to our hygiene staff. We recommend all of our patients be screened with the OralID.

Our office charges \$_____ per screening with the OralID. We will attempt to bill your insurance, but you will be responsible for any unpaid amount or denial by your insurance company.

Yes, I request that your staff perform an examination with the OralID. I accept financial responsibility for this examination.

Signature

Name

Date

No, I prefer to not have this examination at this visit.

Signature

Name

Date

