



Dear Patient,

In our effort to ensure that we are delivering the highest level in patient care to you, we have become increasingly more concerned about oral cancer. Over 36,000 Americans were diagnosed with cancer of the oral cavity and pharynx in 2010; over 7,000 of these patients have died from oral cancer. Oral cancer was once thought only to occur in patients with high risk factors such as smoking, excessive alcohol use and in older individuals. However, new statistics show now that oral cancer is being diagnosed daily in patients without any risk factors and can occur at any age. The HPV (human papilloma virus) has accounted for many new oral cancer cases.

We have recently implemented in our practice the Velscope, an instrument to view and enhance our oral assessment of your oral cavity. You may have had Vizilite, another type of oral cancer screening exam in our office previously. The Velscope exam is now the most technologically advanced technique to screen for oral cancer. The Velscope is the most powerful tool available for assisting in the discovery of abnormalities. This is very important in the fight against oral cancer. Early detection is important in the treatment and survival rate of this very aggressive type of cancer. This simple, painless and non-invasive examination can be done at your dental cleaning and exam appointment.

We have incorporated the Velscope exam into the standard of care in our practice. This ensures our patients to receive the most comprehensive examination possible. The Velscope exam is recommended once a year.

Velscope is recognized by the American Dental Association. They have assigned a dental procedure code D0431 for insurance purposes; however dental insurance companies have the discretion to decide whether to reimburse patients for it. Unfortunately, most insurance companies thus far have NOT been paying for the Velscope exam. The fee for the Velscope examination is \$25.

**YES.** I authorize Sunset Dentistry to perform the Velscope, visual and manual, oral examination. I accept financial responsibility for this enhanced examination.

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

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

**NO.** I decline the Velscope examination at this time.

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

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