

## BLACK DIAMOND DENTISTRY

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### ORAL CANCER SCREENING CONSENT FORM

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In our practice, as your healthcare provider, we seek to provide you access to the newest and most effective screening and treatment. The light device we use in oral cancer detection, was introduced in 2009. This multispectral medical device greatly enhances our ability to find early signs of cancer and dysplasia in the mouth. In the past, our practice only used white light in the examination for oral cancer. The use of narrow band violet light and green-amber reflected light now helps us detect in the oral tissue various problems including cancer lesions and dysplasia.

Early detection of oral cancer is important to being able to provide early treatment and avoidance of the problems which arise from late stage detection of oral cancer. We encourage you to discuss with us your questions related to detection of oral cancer.

*The Oral Cancer Foundation advises that 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. 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. Recently scientists have established a connection between HPV viral infection in the mouth and the occurrence of oral cancer.*

**Please sign one of the decisions below for this procedure.**

**\*Most insurances do not cover this procedure. There is a \$30.00 fee and it is collected same day.**

**Yes.** I request that the clinician perform the oral cancer screening with this light device and I accept financial responsibility.

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

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

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

**No.** I would prefer not to have the oral cancer screening with this light device at this time.

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

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

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