



# Enlightened Dentistry

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*TheBrandWellnessCenter.com*

## Advanced Oral Screening Consent Form

In our continuing efforts to provide the most advanced technology and the highest quality care available to our patients, this practice is proud to announce the inclusion of the **Vizilite® Plus** exam as an integral part of our annual comprehensive oral cancer screening program.

One person dies every hour from oral cancer in the United States – and the mortality has remained unchanged for more than 40 years. Alarming, more than 25% of oral cancer victims have no lifestyle risk factors. Clinical studies have determined that using **Vizilite** after the standard oral cancer examination improves the clinician's ability to identify, evaluate and monitor suspicious areas at their earliest stages. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. Proven screening technologies such as mammogram, Pap smear, PSA and colonoscopy offer the same types of early detection of cancer. **Vizilite Plus** is an easy and painless examination that gives this practice the best chance to find any oral abnormalities you may have at the earliest possible stage. This technology is the only medical device cleared by the FDA for the identification and monitoring of oral abnormalities that could lead to cancer.

### Oral cancer risk by patient profile:

**Increased Risk:** Patients age 18 – 39

**High Risk:** Patients age 40 and older; tobacco users of any age

**Highest Risk:** Patients age 40 and older and lifestyle risk factors (tobacco use); patients with a history of oral cancer

Dental insurance may not cover this advanced oral cancer screening as an addition to the standard visual examination. Our office recommends the **Vizilite Plus** exam for all patients at increased risk, and especially those at high risk and highest risk for oral cancer. **We will be performing the Vizilite Plus exam of the oral cavity in addition to the standard oral cancer examination for an additional fee of \$75.00.**

**Yes.** I authorize the clinician to perform the **Vizilite Plus** exam along with the standard oral cancer examination. I accept financial responsibility for this enhanced examination.

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

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

**No.** I would prefer not to have the **Vizilite Plus** exam at this time.

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

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