

De Zavala Dental
5999 De Zavala, Suite #122
San Antonio, Texas 78249
(210) 691-1333 / 210-561-2599 fax

Consent Form
Oral Cancer Screening

Complete for each patient and place in records of patient.

In our practice, as your healthcare provider, we seek to provide you access to the newest and most effective scientific screening and treatment. In 2009 Trimira LLC introduced the Identafi™3000, which is a multi-spectral medical device that greatly enhances our ability to find early signs of cancer and dysplasia in the mouth. Historically our practice has used white light in examination for oral cancer. The use of narrow band violet light and green-amber reflected light 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. You may review on the reverse side of this page the symptoms and the factors contributing to oral cancer. You may also 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.

The code revision committee of the American Dental Association has recently provided a CDT procedure code (D0431) for the examination described above. This code represents progress in the recognition of improved examination but does not insure that your insurance will cover this examination. Our fee for such screening is \$ 39.00.

Yes. I request that the clinician perform the Identafi™3000 examination. I accept financial responsibility for this examination.

Print Name: _____

Signature: _____ Date: _____

No. I would prefer not to have this examination at this time.

Print Name: _____

Signature: _____ Date: _____