



**Deborah Manos, D.D.S., M.S., F.A.G.D., P.L.L.C.**

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Our practice continually looks for advances to ensure that we are providing the optimum level of oral health care to our patients. We are concerned about oral cancer and look for it in every patient.

**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. Studies also suggest that human papillomavirus (HPV 16/18) plays a role in more than 20% of oral cancer cases. Oral cancer risk by patient profile is as follows:

**Increased Risk:** patients age 18 – 39 (both genders); sexually active patients any age (HPV 16/18)

**High Risk:** patients age 40 and older (both genders); tobacco users (ages 18-39, any type within 10 years)

**Highest Risk:** patients age 40 and older (both genders) with lifestyle risk factors (tobacco and/or alcohol use); patients with a history of oral cancer or other cancers

We have incorporated VELscope Vx into our oral screening standard of care. We find that using VELscope Vx along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages. VELscope Vx is similar to proven early detection procedures for other cancers such as mammography, Pap smear and PSA. VELscope Vx is a simple and painless examination that gives the best chance to find any oral abnormalities at the earliest possible stage. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. *The VELscope Vx exam will be offered to you annually.*

**This enhanced examination is recognized by the American Dental Association code revision committee as CDT-2007/08 procedure code D0431; however, this exam *might not* be covered by your insurance. The fee for this enhanced examination is **\$35.00**.**

**YES:** *I authorize the clinician to perform the VELscope Vx 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 VELscope Vx exam at this time.*

*I hereby release from liability Dr. Deborah Manos, her hygienists, employees or agents from any injury I may currently, or in the future, suffer as a result of my refusal to proceed with this enhanced oral cancer examination.*

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

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

