

Innovative Dentistry
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Oral Cancer Screening Waiver Form

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 the other major predisposing risk factors, but more than 25% of oral cancer victims have no such lifestyle risk factors. Oral Cancer risks by patient profile is as follows:

Increased Risk: Patients 18-39 of age

High Risk: Patients age 40 and older; tobacco user (any age, any type within 10 years)

Highest Risk: Patients aged 40 or older with lifestyle risk factors (tobacco and or alcohol use); previous history of oral cancer

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

This enhanced examination is recognized by the American Dental Association code revision committee as CDT-5 procedure code D0431; however, this exam might not be covered by your insurance carrier.

The fee for this examination is \$50.00

Yes. I am interested in having the ViziLite Plus examination

No. I am not interested in having the ViziLite Plus examination

Print Name: _____

Signature: _____