



MIDWEST DENTAL

Consent Form and Information for Oral Cancer Screening Program

Midwest Dental is proud and pleased to have you participate in our Oral Cancer awareness program. An oral cancer screening includes a check-up of your entire mouth and the head and neck area. Screenings can detect lesions early, thereby resulting in greater success for additional treatment when needed.

We find that using ViziLite Plus along with a standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages. ViziLite Plus is similar to proven early detection procedures for other cancers such as mammography, Pap smear, and PSA. ViziLite Plus 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.

If anything abnormal is detected during the cancer screening, a recommendation will be made for you to see an oral surgeon for further evaluation.

Please read and sign this Consent for Screening:

- I understand that this is an **oral cancer screening**. It is not meant to find other problems with my teeth and gums.
- I know that I am responsible for following any recommendations made for follow-up exams or tests. I understand that this screening is not complete (for example, no X-rays will be taken). This screening does not take the place of any exam that I have had in the past or will have in the future.
- I understand that this screening may not find every oral or pharyngeal cancer that I may have.
- I understand that the responsibility for any follow-up examinations, test, and/or procedures to check on the abnormalities found during this limited examination is mine alone and not the responsibility of Midwest Dental. I also understand the responsibility for initiating a follow-up examination to confirm results of this screening and for obtaining professional medical assistance is mine alone.
- The information I give and the results of my oral screening will be kept by Midwest Dental. I may inspect, amend, and correct the information on my records. Information will not be disclosed again to others except as allowed or required the law.
- I understand that the results of a positive cancer screening will be shared with my medical doctor or dentist, if I list one on the medical history.
- I authorize the clinician to perform the ViziLite Plus exam along with the standard oral cancer examination at the fee of \$20.

I have read the above statements and agree to them.

Date

Print Name

Signature

We would like to invite you to become a patient with Midwest Dental, please consider making an appointment for a complete examination with our office.