**Tatum Creek Family Dentistry Offers Advanced Oral Cancer Screening**

***VELscope®* *Device Helps Dental Practices Respond to Recent Growth***

***in Incidence of Oral Cancer***

Oral cancer strikes three times as many victims as cervical cancer. It is one of the few types of cancer that has not seen a significant reduction in incidence over the past thirty years, and recent research has shown a strong association with Human Papilloma Virus (HPV), which can be sexually transmitted. For this reason, many oral health care professionals now believe that all individuals over the age of 18 should have at least an annual comprehensive oral examination, and ideally at every dental hygiene visit.

The FDA and Health Canada recently cleared the VELscope® System for assisting dentists and hygienists in discovering cancerous or precancerous growths that may not be apparent to the naked eye. A screening with the VELscope® System adds only one or two minutes to a conventional examination, is completely free of any pain or discomfort, and is affordably priced. More and more insurance companies are covering the cost of the screening.

Oral cancer is typically discovered in late stages, when the five-year survival rate is only 22%. If detected in early stages, however, the five-year survival rate is 80% or higher. The VELscope® System can also help discover abnormal growths before they become cancerous. According to Dr. Erin McKinney and Dr. Dustin Putnam of Tatum Creek Family Dentistry we have always conducted an annual comprehensive oral cancer screening for all of our patients, but now the VELscope® System will help us see things we might have missed previously. By detecting potential problems earlier, we will be providing our patients with the best health care currently available”.

**Please note that your dental insurance may not cover this procedure**. In the event your insurance does not cover your out of pocket cost will be **$29.00**. You may submit this exam to your medical insurance for possible reimbursement.

For more information regarding the VELscope® System, visit [www.velscope.com](http://www.velscope.com/)

**Please sign only one:**

**Acceptance** of velscope

 Please sign below stating that you understand the total fee, your patient portion and that this is an estimate of your insurance.

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**Refusal** of velscope:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received information about the proposed exam. I have discussed my risk with Dr. Erin McKinney and/or Dr. Dustin Putnam and have been given an opportunity to ask question and have them fully answered. I understand the nature of the recommended exam, and the risk of my refusal.

I do NOT wish to have the recommended exam.

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