

Consent for VELscope

Patient's Name _____ Date of Birth _____

The Dental Store, Ltd. recommends use of the VELscope along with a manual examination to screen for oral cancer. Oral cancer is the sixth most commonly diagnosed cancer, and with early detection the survival rate increases significantly. In its early stages oral cancer can be painless, and physical changes may be difficult to notice.

The Dental Store, Ltd. is pleased to offer our patients the latest diagnostic technology. The VELscope is a painless light that detects abnormal tissue. If abnormal tissue is detected by your clinician you may be referred to a specialist for further evaluation.

Oral Health Risk Factors Screening

1. Do you currently use or have a history of using: cigarettes, cigars, pipes, or smokeless tobacco? (Circle all that apply and explain below how often) Y N (circle one)

2. Do you consume alcohol? Y N If yes, how many drinks per week? _____

3. Have you ever been diagnosed with a **substance abuse problem**? Y N
Describe _____

4. Do you use or have a history of using **recreational drugs**? Y N Which one(s)/how often? _____

5. Have you ever been diagnosed with an **eating disorder**? Y N
Describe _____

6. Do you have or have you had any **neck or mouth piercings**? Y N
Describe _____

7. Have you been diagnosed with **HPV Human Papilloma Virus**? Y N

8. Do you or your family have a history of **cancer**? Describe _____

I **Consent to allow** use of the VELscope. I understand my insurance will not cover the \$40.00 fee.

I **do not consent to allow** use of the VELscope against advisement of The Dental Store, Ltd.

Signature _____ (patient, parent or guardian) Date _____