

ADULTS AGE 18 AND OVER:

Place this completed form in patient's file

As a Healthcare provider, I continually review new medical technologies looking for those procedures that represent the latest advances in medical care for my patients. I have recently evaluated a new device and found that using it in conjunction with a conventional visual oral examination enhances my ability to identify, evaluate and monitor oral mucosal abnormalities. (In plain english, I have the latest technology to help identify tissues that can be the precursors to oral cancer and I can find it earlier than I can see it with my naked eye.)

This painless, non-invasive visual test gives us a better chance to find any oral abnormalities you may have, at the earliest possible stage. This technology has successfully improved the identification of pre-cancerous abnormalities in thousands of exams of squamous epithelium of the cervix and has recently been cleared by the FDA for an oral application. Early detection of such abnormalities can result in the early treatment for pre-cancerous tissue. (Plain english... This technique has been used for many years to help detect early tissue changes in the lung cancer saving many lives by catching early)

This new device is called the VELscope and I am now offering it to all of my patients. This exam is not a new procedure and insurance companies may cover some of the procedure cost however we will not be able to confirm your benefits. There is a fee of \$_____ (please inquire for cost at your initial visit) for using this tool to aid in the examination of your oral tissue.

For our records, please indicate below whether or not you wish to have the VELscope exam:

Yes please, I authorize my clinician to use the VELscope along with my conventional visual oral exam. I accept financial responsibility for this enhanced visual exam if the procedure is not covered under my insurance.

Print name: _____

Signature: _____ Date: _____

No thank you, I would prefer not to have the VELscope exam:

Print name: _____

Signature: _____ Date: _____