



**Complete each time the examination is performed and place in the patient's file**

Dear Patient,

We continually look for technological advances to ensure that we are delivering the highest level in patient care to you. We are particularly concerned about oral cancer, which too often is only found in the later stages of development and, as a result, claims one life every hour in the United States; 8,000 victims annually – more than the number of lives lost to skin or cervical cancer. Alarming, more than 25% of oral cancer victims have no predisposing risk factors. Oral cancer is a growing problem and is most common among patients age 40 and older, and tobacco users of any age. However, approximately 10% of the 30,000 Americans who will get oral cancer this year are ages 18-39.

We have recently evaluated a new medical technology, ViziLite©, and found that using it after our standard oral cancer examination improves our ability to identify, evaluate and monitor suspicious areas at their earliest stages. Proven technologies such as mammogram, Pap smear, PSA and colonoscopy offer the same types of screening improvement. This easy and painless examination gives us the best chance to find any oral abnormalities you may have 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. This technology is the only FDA-cleared device for the identification and monitoring of oral abnormalities that could lead to cancer.

We have incorporated the ViziLite exam into the standard of care in our practice to ensure that you receive the most thorough and comprehensive examination possible. The ViziLite exam will be performed, at minimum, once a year.

This exam may not be covered by your insurance. ViziLite is recognized by the American Dental Association with procedure code D0431. The fee for this enhanced separate exam is \$65.00.

**Yes.** I authorize the clinician to use ViziLite along with the standard oral cancer examination. I accept financial responsibility for this enhanced examination.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No.** I would prefer not to have the ViziLite exam at this time.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_