

Norman J. Pomerance, D. D. S.
Identifi 3000 Ultra
ORAL CANCER SCREENING
CONSENT FORM

Our practice continually strives to provide important enhancements in oral health care for our patients. Startling statistics show that there is an alarming growth rate in oral cancer.

- **One person dies every hour from oral cancer in the United States.**
- **Oral cancer is more deadly than breast cancer, cervical cancer, or prostate cancer.**
- **25% of oral cancer victims have no lifestyle factors**

We have always performed conventional oral cancer screenings. However, the early signs and symptoms of oral cancer are often missed by the naked eye. If the disease is detected late in development, the mortality (death) rate is 50%. **When found early, oral cancer patients have a 90% survival rate.**

That is why, at our office, we are committed to using the Identifi 3000 Ultra. This device, used once a year, greatly improves our ability to identify suspicious areas. This painless system uses Multi-Spectral technology to identify biochemical and morphological changes in the cells of your mouth, throat, tongue, and tonsils. This possibly life saving test is simple, painless, and takes less than 3 minutes.

Those that have an **increased risk of oral cancer** include:

- **Patients age 40 and older**
- **Patients age 18-39 combined with any of the following:**
 - **Tobacco use**
 - **Chronic alcohol consumption**
 - **Exposure to the oral HPV -16 and HPV-18 virus (this is also the fastest growing risk factor and the virus that is responsible for the majority of cervical cancers found in women)**

Those that have the **highest risk of oral cancer** include:

- **Patients age 65 and older with lifestyle risk factors**
- **Patients with a history of oral cancer**

The American Dental Association has recently provided a procedure code (D0431) for this examination. This code does represent progress in the recognition of the improved examination, but does not insure that your insurance will cover the exam. However, this office is happy to verify your coverage for you. The fee for this enhanced exam is \$36.00.

Yes. I request that the clinician perform the Identifi 3000 Ultra examination. I accept financial responsibility for this examination.

Print name: _____

Signature: _____

Date: _____

No. I would prefer not to have this examination at this time.

Print name: _____

Signature: _____

Date: _____

Clinician Signature _____

For Office Use only

___ - Negative (WNL)

___ - Positive (See Diagram)

Initials _____