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Oral Cancer Screening Waiver Form

Our practice continually looks for advances to ensure that we are providing the optimum level of oral health care to our patients. We are concerned about oral cancer and look for it in every patient.

One American dies every hour from oral cancer. Late detection of oral cancer is the primary cause that both the incidences and mortality rates of oral cancer continue to increase. As with most cancers, age is the primary risk factor for oral cancer. Tobacco and alcohol use are other major predisposing risk factors but **more than 25% of oral cancer victims have no such lifestyle risk factors.** There is also an established connection between **HPV (Human Papilloma Virus)** viral infection in the mouth and the occurrence of oral cancer which is causing an increase in oral cancer.

We have always done an oral cancer examination as part of our standard of care. As part of our standard of care we also offer an oral cancer screening. We find that using this screening along with the standard oral cancer examination improves the ability to identify suspicious areas at their earliest stages. The oral cancer screening is similar to proven early detection procedures for other cancers such as mammography, Pap smear, and PSA (Prostate). The oral screening is a simple and painless examination that gives the best chance to find any oral abnormalities at the earliest possible stage. Early detection of precancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and the possibly save your life.

This enhanced examination is recognized by the American Dental Association as a standard of care for procedure code D0431; however, this exam might not be covered by your insurance. The fee for this oral cancer screening is \$38.00.

Yes. I authorize the clinician to perform the oral cancer screening 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 oral cancer screening at this time.

Print name: _____

Signature: _____ Date: _____