

Adjunctive Oral Cancer Screening Acceptance Form

Complete each time the exam is offered and place in the patient's file

Our practice continually strives to provide important enhancements in oral health care for our patients. We are concerned about oral cancer and screen for it in every patient.

Research has shown that late detection of oral cancer is the primary reason that mortality rates are so dismal.* As with most other cancers, age is the primary risk factor for oral cancer.* Tobacco use is also a major predisposing risk factor, however 1 in 4 who are diagnosed with oral cancer have no known risk factors.*

We find that using ViziLite TBlue - along with a visual oral cancer examination - improves our ability to identify suspicious areas that may have been missed during the conventional examination. Early detection of precancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life.* ViziLite TBlue is a painless exam that gives us a better chance to find any oral abnormalities you may have at an early stage. The ViziLite TBlue exam will be offered to you annually.

Dental insurance may or may not cover the ViziLite TBlue exam. However, this office is happy to verify your coverage for you and will also provide you with a medical insurance form to use to file this procedure with your medical insurance. The fee for this exam is \$.

Yes. I authorize the clinician to perform the ViziLite TBlue exam along with the standard oral cancer examination. I accept financial responsibility for this exam.

Print name: _____

Signature: _____ Date: _____

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

Print name: _____

Signature: _____ Date: _____

ViziLite[®] TBlue

because early detection may save lives

Oral cancer risks include:*

- Tobacco use
- Chronic alcohol consumption
- Oral HPV 16/18 infection

25% of oral cancers occur in people who don't smoke and have no other risk factors

Interested in learning more about oral cancer?



Scan the QR code to download an educational ebook on oral cancer.

* Data on file



500 White Drive, Batesville, AR 72501 | 800.228.5595 | zila.com

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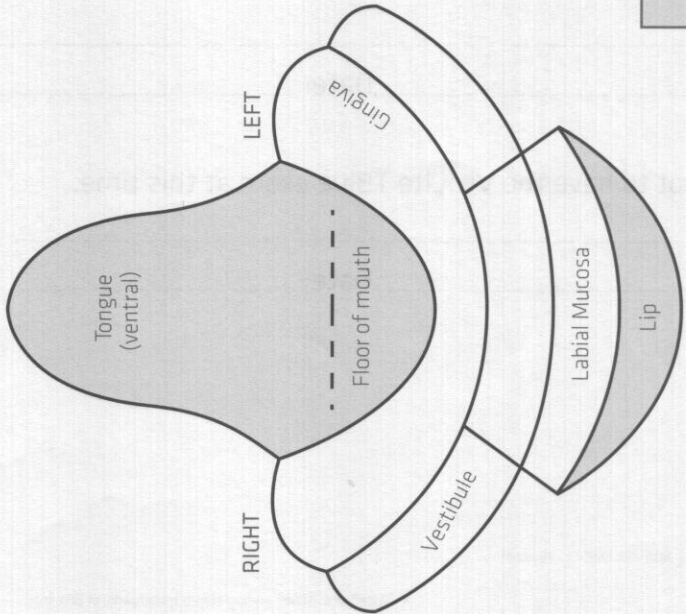
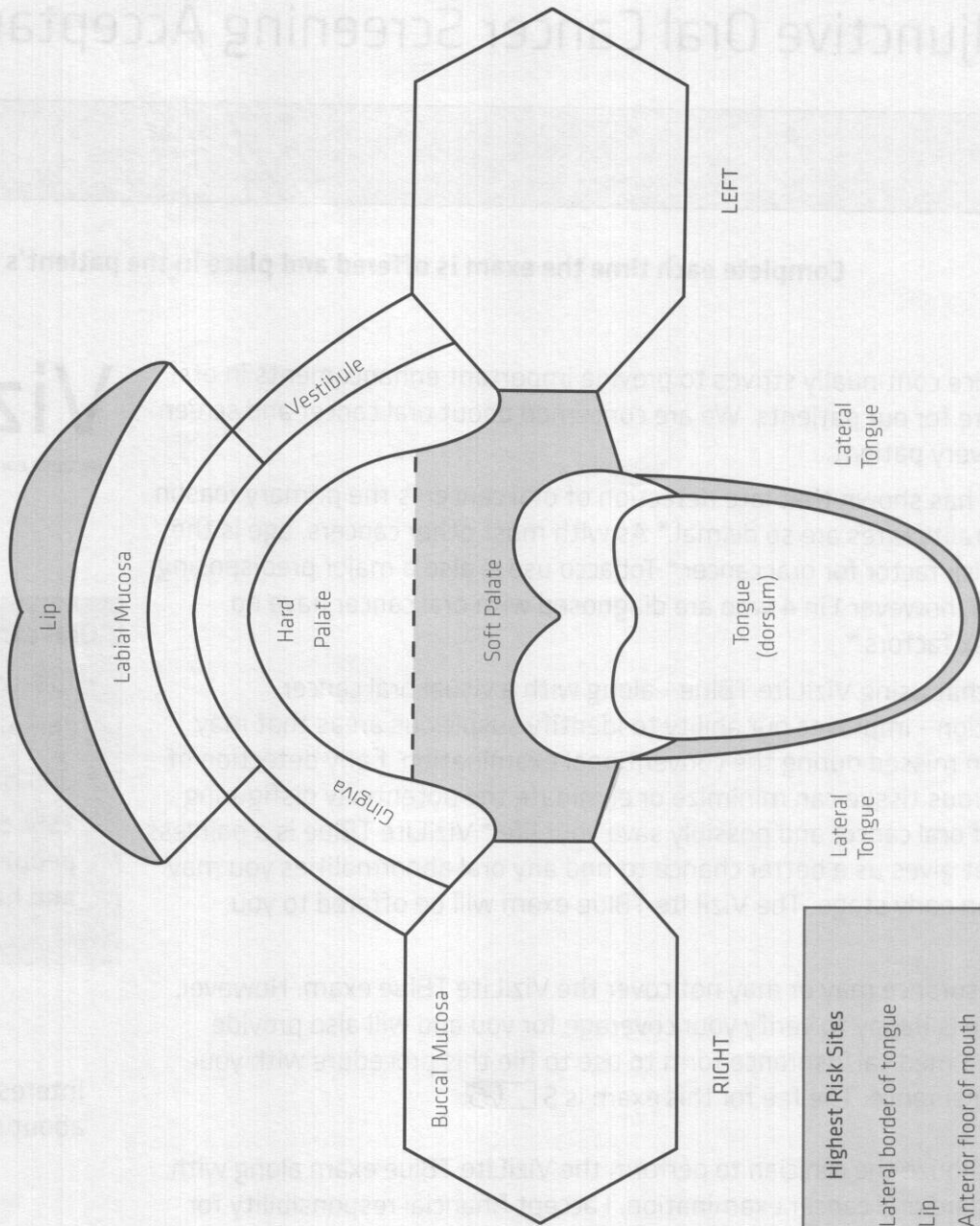
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Patient name: _____ ID: _____

Signature: _____ Date: _____

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- Highest Risk Sites**
- Lateral border of tongue
 - Lip
 - Anterior floor of mouth
 - Soft Palate