



ORAL CANCER SCREENING CONSENT FORM

We are very concerned about oral cancer and conduct screening examinations on every patient.

The incidence of Oral Cancer continues to rise in the USA. The American Cancer Society indicates that since 2013, there has been a remarkable **61% increase** in this deadly disease. **Alarmingly, over 50% of the new oral cancer cases are people that do not have any of the traditional life style risk factors, such as age and tobacco and alcohol use. However, it is now known that the same virus that causes cervical cancer, HPV (Human Papilloma Virus), is now the leading cause of oral cancer. Late detection is one of the primary causes of increased mortality rates from oral cancer.**

Traditionally, our dentists and hygienists have done oral cancer screening with the naked eye, but recently a new technology, the **Goccles** has received FDA approval. The **Goccles is a medical device designed to simplify oral cancer early detection that may become life threatening.**

Goccles, like other early detection procedures like colonoscopy, mammography, and PAP smear, is a non-invasive painless oral screening to identify any abnormality at an early stage. The exam takes approximately 1-2 minutes. These detected changes can range from something minor to something of greater concern that may require further examination and follow up.

The Doctor feels so strongly that every patient has this examination at least once a year our charge for this enhanced examination is only \$40.

Please sign the area below to accept the financial responsibility for this procedure.

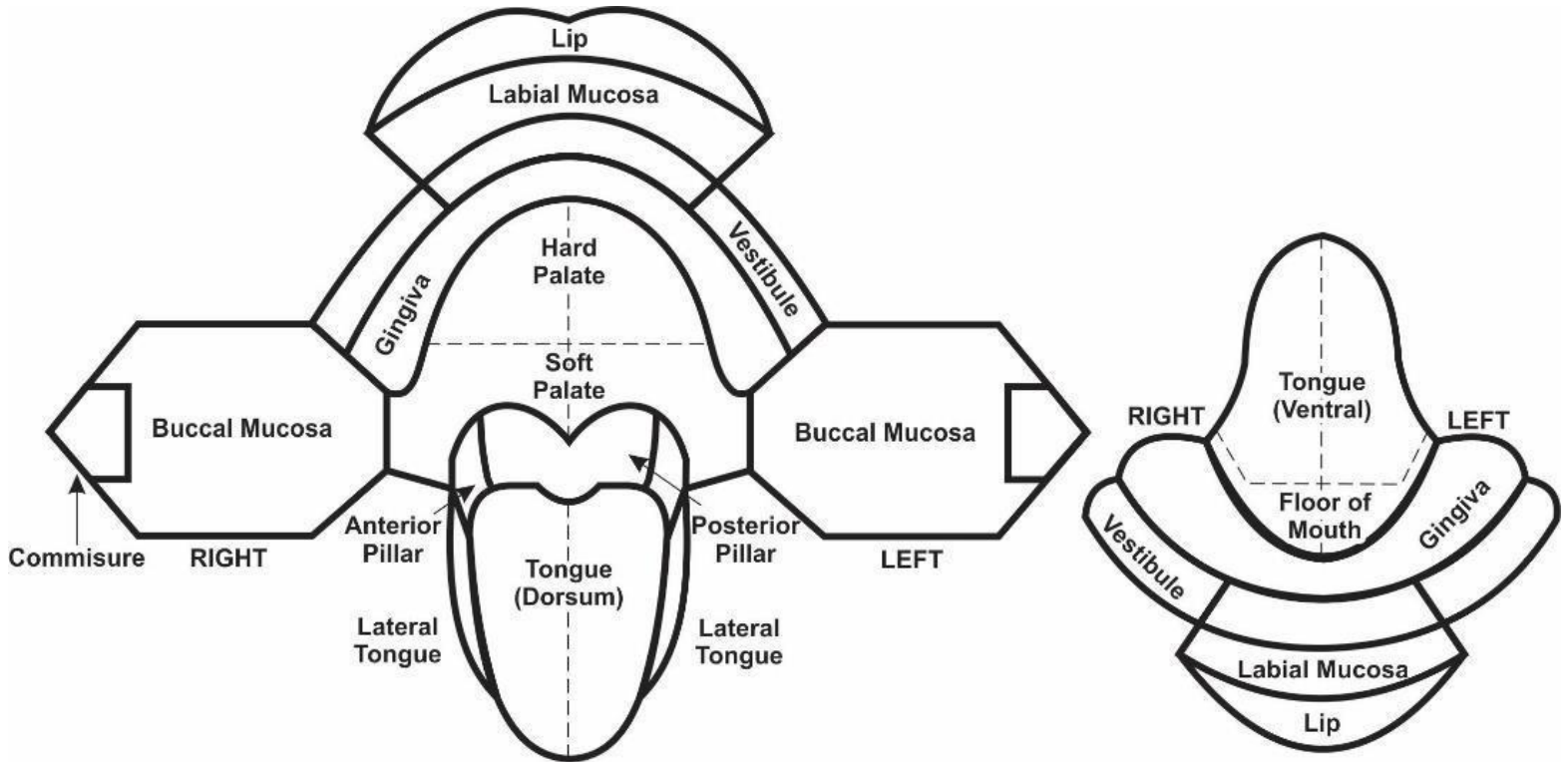
YES _____ NO _____

I authorize the office to perform the Goccles examination.

Print Name _____

Patient/ Guardian Signature _____ Date _____

Patient Name:		Date:
Chart#:	Clinician, DDX:	



- Negative screening results, Goccles exam –no abnormalities present
- Positive screening results should include:
 - Size :
 - Color – single color (red, white)
 - Multiple color
 - Morphology-shape, arrangement, consistency, and surface texture

○ Location

○ History – Duration of lesion

– Symptoms

– Habits such as tobacco/alcohol use / family history/ own history

○ Clinical impression – DDX: _____

○ Disposition- the proposed management of the lesion (re-asses in 2 weeks, refer to a specialist)