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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 person dies every hour from oral cancer. The primary cause of the high mortality rate is due to late detection. While tobacco and alcohol use are lifestyle risk factors for oral cancer, **more than 25% of victims do not use alcohol or tobacco.** Scientists have established a connection between the Human Papillomavirus (HPV) infection in the mouth and the occurrence of oral cancer. Patients between the ages of 18-39 are at an *increased risk* of developing oral cancer. Patients age 40 years and older and any form of tobacco user at any age are at a *high risk*. The *highest risk* patients are those age 40 and older with any form of tobacco or alcohol use or any age that have had a HPV mouth infection or have a previous history of oral cancer.

At every 6 month hygiene appointment you will receive an oral exam, where the hygienist and doctor look for anything out of the ordinary with your gums, tissues, and teeth; this exam looks for any diseases, including oral cancer, and malformations.

In addition to the oral exam taking place every 6 months, we have incorporated an oral cancer screening once per year (occurs at every other 6 month hygiene appointment). We have incorporated Trimera's Identafi Oral Cancer Screening System, which is a multispectral medical device that greatly enhances our ability to find early signs of cancer and dysplasia in the mouth.

The code revision committee of the American Dental Association provides a CDT procedure code for the screening described above. This code represents progress in the recognition of the improved screening, but this does not guarantee that your insurance company will cover this screening; currently most policies do not cover this screening.

Our fee for the screening is \$15 and is to be collected at the time of service, regardless if you have insurance or not. We will file this procedure as a courtesy for you to your insurance company; if your insurance company pays for this procedure, we will apply a credit to your account in the amount of which your insurance paid to us.

YES. I request that the clinician perform the Identafi Oral Cancer Screening. I accept financial responsibility for this screening.

Print Name: _____

Signature: _____

Date: _____

NO. I understand that early detection of oral cancer is vital in beating the mortality odds of these forms of cancers, and I would prefer not to have this oral cancer screening examination at this time.

Print Name: _____

Signature: _____

Date: _____