

KENNETH R. RUSSELL, D.D.S., P.A.

1480 Rymco Drive, Suite B
Winston-Salem, NC 27103
Telephone: (336) 768-7940
Fax: (336) 768-5985

In our continuing efforts to enhance patient care, this practice is proud to announce the inclusion of the VELscope Vx Plus exam as an important part of your annual comprehensive oral screening program.

One person dies every hour from oral cancer in the United States.

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. Though tobacco use is a major predisposing risk factor, **25% of oral cancer victims have no lifestyle risk factors.**

According to the American Cancer Society, more women in the United States will be diagnosed with oral cancer this year than will be diagnosed with cervical cancer, and now **studies show an increasing link between the human papilloma virus (HPV 16/18) and oral cancer.**

The VELscope Vx exam is used after the standard visual oral cancer examination and can help to identify suspicious areas that may have been missed during the conventional examination. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possible save your life. VELscope VX is a painless examination that gives this practice a better chance to find any abnormalities you may have at their earliest possible stage.

Oral cancer risk by patient profile is listed below:

Oral Cancer Risk Profile

Increased Risk

- Patients age 40 and older (95% of all cases)
- 18-39 years of age combined with the following:
 - Tobacco Use
 - Chronic alcohol consumption
 - Oral HPV infection

Highest Risk

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

25% of oral cancer occurs in people who do not smoke and have no risk factors.

Dental Insurance may not cover the VELscope Vx exam. We will be performing the VELscope Vx exam annually following the standard oral cancer examination of the oral cavity for a fee of \$42.00. Payment for this test will be due at the time performed. Patients with dental insurance: Our office will file the claim for you and payable to you. If your dental insurance denies the claim, we can provide you a letter to accompany your request for appeal and payment from your dental insurance and/or medical insurance as to the importance of this test upon receiving your payment receipt from us. **Please know that this test is available at any time.**

Please make your selection below by placing a check on the appropriate line and sign and date where provided.

_____ I **would like** to have the VELscope Vx exam performed today. I understand I will need to pay for this service at the time of service regardless of insurance coverage.

_____ I **would not like** to have VELscope Vx exam performed today.

Patient Signature

Date