



CONSENT FORM ORAL MUCOSAL VISUAL ENHANCEMENT

StarDental® Instruments

COMPLETE FOR EACH PATIENT AND PLACE IN RECORDS OF PATIENT.

Oral cancer has one of the highest death rates of all cancers, killing one person every hour of every day. This is primarily due to the fact that **most oral cancers are identified at a late stage.**

Our practice is committed to providing the best care for every patient using the latest advances in dental and medical care. As part of that effort, we're pleased to offer advanced oral mucosal visual enhancement with Identafi, a device that greatly improves our ability to find mucosal abnormalities that may not be apparent to the naked eye such as oral cancer and dysplasia in the mouth. Identafi uses three wavelengths of light to provide better views of abnormal tissues than traditional exams with white light alone.

Please sign the form below indicating whether you would like an advanced oral mucosal visual enhancement exam with Identafi. If you have questions, please feel free to ask any member of our staff for more information.

Yes. I would like an advanced oral mucosal visual enhancement exam with the StarDental Identafi system. I accept financial responsibility for this examination.

Print name: _____

Signature: _____

Date: _____

No. I would prefer not to have this examination at this time.

Print name: _____

Signature: _____

Date: _____



Customer Service: 866.383.4636 Identafi.net | DentalEZ.com

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