

Dental Practice Offers Advanced Oral Cancer Screening

VELscope® Device Helps Dental Practices Respond to Recent Growth in Incidence of Oral Cancer

Newtown Dental Care has incorporated the VELscope® Oral Cancer Screening System into its dental practice.

Oral cancer strikes three times as many victims as cervical cancer. It is one of the few types of cancer that has not seen a significant reduction in incidence over the past thirty years, and recent research has shown a strong association with Human Papilloma Virus (HPV), which can be sexually transmitted. For this reason, many oral health care professionals now believe that all individuals over the age of 18 should have at least an annual comprehensive oral examination, and ideally at every dental hygiene visit.

The FDA and Health Canada recently cleared the VELscope® System for assisting dentists and hygienists in discovering cancerous or precancerous growths that may not be apparent to the naked eye. A screening with the VELscope® System adds only one or two minutes to a conventional examination, is completely free of any pain or discomfort, and is affordably priced. More and more insurance companies are covering the cost of the screening.

Oral cancer is typically discovered in late stages, when the five-year survival rate is only 22%. If detected in early stages, however, the five-year survival rate is 80% or higher. The VELscope® System can also help discover abnormal growths before they become cancerous. According to Dr. Magida of Newtown Dental Care, "We have always conducted an annual comprehensive oral cancer screening for all of our patients, but now the VELscope® System will help us see things we might have missed previously. By detecting potential problems earlier, we will be providing our patients with the best health care currently available".

For more information regarding the VELscope® System, visit www.velscope.com, or call Newtown Dental Care at 215-968-7787 with any questions and to schedule an appointment.

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

Print name: _____

Signature: _____ Date: _____

NO. I would prefer not to have the Velscope exam at this time.

Print name: _____

Signature: _____ Date: _____