

Understand and Release Form - Free public oral cancer screening

I understand that the screening that I am receiving today is a general visual and tactile examination of my mouth for the visible indicators of oral cancer. This examination by itself will not definitively diagnose cancer, and is not designed to do so. Its function is to find areas of suspicion, which then require a more detailed examination. Should the doctors find a questionable condition, or tissues which they feel are abnormal, they will give me a referral form, describing their impressions and findings to take to my own dentist or doctor, or to a second institution where further evaluation and closer examination can be conducted. I further understand that it is my personal responsibility to have that follow up examination done. I will be given a list of local clinics and institutions where this can be done if a follow up exam is warranted. I understand that there are many conditions, which are not cancer, which mimic its appearance, and only this second examination will be able to determine if what they have found is cancer. I also understand that in a small number of cases, the signs and indicators of oral cancer may not be detected by these methods, and it is impossible to guarantee that any condition that exists will be caught today. Given the preliminary nature of this type of exam, I understand that it is not a predictor of a future disease, and the doctor's opinions only reflect what they see today. This examination is not a treatment for any condition, and by having it, the doctors, the institutions they are affiliated with, and the Oral Cancer Foundation, are not engaging in an agreement to provide treatment in the future. As this exam is being given in a public place, I understand that there may be members of the news media, event photographers etc. present and taking pictures or filming while I am in attendance or being examined. If I am photographed or filmed, I agree to allow these images etc. to be used on the news, or in any other venue without limitation or reservation. I understand the need for the public to be aware of the disease, and the process and importance of early detection, and am willing to contribute to that greater good by allowing these images to be used freely.

Signed: _____ Date: _____

Witnessed: _____ Date: _____