

Record of Oral Dysplasia & Cancer Screening and Testing

Patient Name: _____

DOB: ___ / ___ / ___ Exam Date: ___ / ___ / ___ Performed By: _____

Did the patient notice any spots or sores anywhere in their mouth? Yes No

If so, was there any pain in or around those areas? Yes No

Intra-oral exam

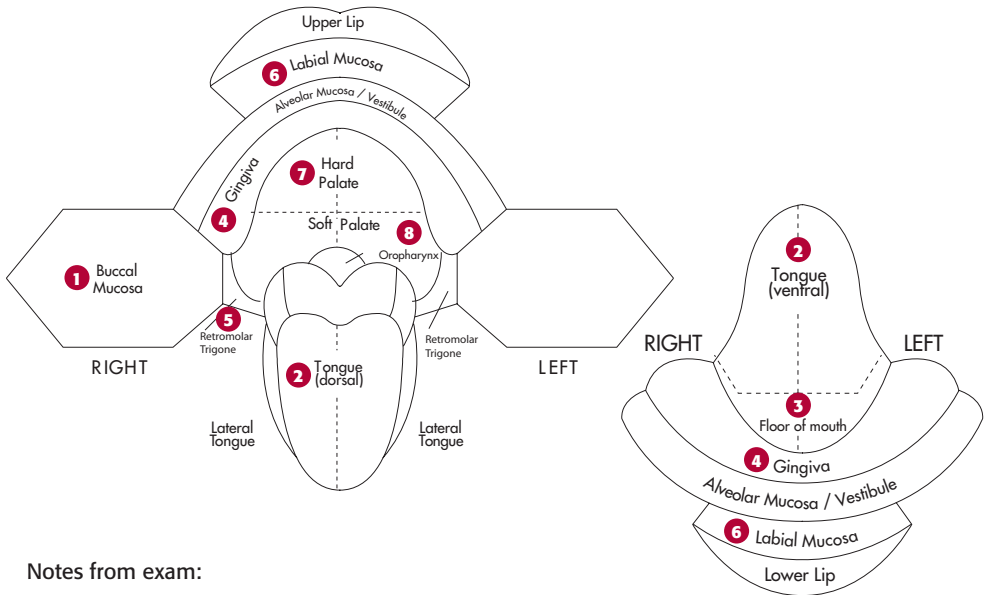
Areas examined for any white or red tissue change:

- 1 Buccal mucosa (*cheek*)
- 2 Tongue (*dorsal-top, lateral-side, ventral-underside*)
- 3 Floor of mouth
- 4 Gingiva (*gums*)
- 5 Retromolar trigone (*area behind last tooth*)
- 6 Labial mucosa (*inner lip*), alveolar mucosa (*between gum & cheek*)
- 7 Hard and soft palate
- 8 Oropharynx (*back of throat*)

Extra-oral exam

- Examined Face, Outer lips, Under jaw, Neck, Lymph nodes

Use diagram to mark location of any spot(s) identified and tested with the Brush Biopsy to rule out dysplasia



Notes from exam:

