

Extraoral and Intraoral Lesion Documentation Form

Client Name: _____

What gender do you most identify with?

- ☐ Male
- ☐ Female
- ☐ Transgender male
- ☐ Transgender female
- ☐ Non-binary/non-conforming
- ☐ Not listed: _____
- ☐ Prefer not to respond

Date of birth (dd/mm/yyyy): _____

Relevant health history/status: _____

Known risk factors: _____

Pain/symptoms/duration: _____

Action Taken

☐ Re-appoint/re-evaluate in (time frame): _____

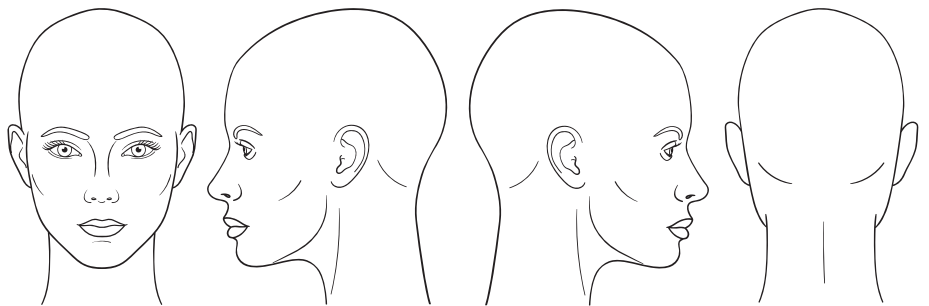
☐ Refer to: _____

Comments: _____

Extraoral Examination: Description of Findings

- ☐ Face
- ☐ Hairline
- ☐ Neck
- ☐ Palpable node(s)
 - ☐ Soft/firm (circle)
 - ☐ Mobile/fixed (circle)
 - ☐ Tender/non-tender (circle)
- ☐ TMJ
- ☐ Thyroid

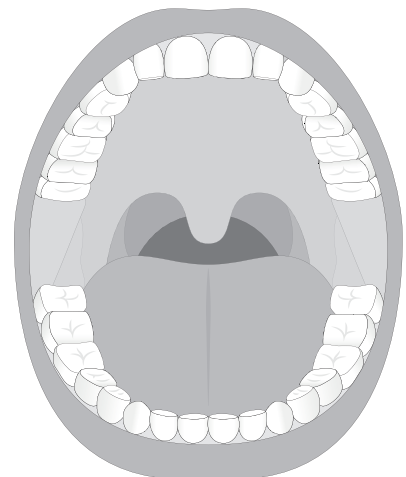
Location Reference (indicate on drawing):



Intraoral Examination: Description of Findings

- | | |
|---|---|
| <input type="checkbox"/> Lips | <input type="checkbox"/> Floor of mouth |
| <input type="checkbox"/> Labial mucosa | <input type="checkbox"/> Palate |
| <input type="checkbox"/> Buccal mucosa | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Gingival tissues | <input type="checkbox"/> Hard |
| <input type="checkbox"/> Tongue | <input type="checkbox"/> Oropharynx |
| <input type="checkbox"/> Dorsum | <input type="checkbox"/> Tonsillar pillar |
| <input type="checkbox"/> Lateral | |
| <input type="checkbox"/> Left | |
| <input type="checkbox"/> Right | |
| <input type="checkbox"/> Ventral | |

Location Reference
(indicate on drawing):



Description of Lesion

Shape

- ☐ Round
- ☐ Oval
- ☐ Triangular
- ☐ Linear
- ☐ Other

Size

- ☐ ____mm x ____mm
- ☐ ____cm x ____cm

Colour

- ☐ Normal
- ☐ White
- ☐ Red
- ☐ Yellow
- ☐ Brown, blue or black
- ☐ Other

Surface of Lesion

- ☐ Smooth (covered with intact mucosa)
- ☐ Rough (pebbly, papillary or corrugated)
- ☐ Hyperkeratinized
- ☐ Erosive (thinning, ulcerated, fissured)
- ☐ Verrucous/wart-like

Mode of Attachment

- ☐ Broad (sessile)
- ☐ Narrow (pedunculated stalk)

Symmetry

- ☐ Bilateral
- ☐ Unilateral

Consistency

- ☐ Soft
- ☐ Firm
- ☐ Fluctuant

Number

- ☐ Single
- ☐ Multiple

Margins

- ☐ Circumscribed (defined)
- ☐ Ill-defined
- ☐ Irregular

Overall Configuration

- ☐ Flat/muscular
- ☐ Raised/nodular ____mm x ____mm

Mobility

- ☐ Mobile
- ☐ Fixed

Notes: _____

RDH Signature: _____

DDS Signature: _____

Date: _____