

Extra-Oral/Intra-Oral Exam/OCS

Patient Name _____ Date _____

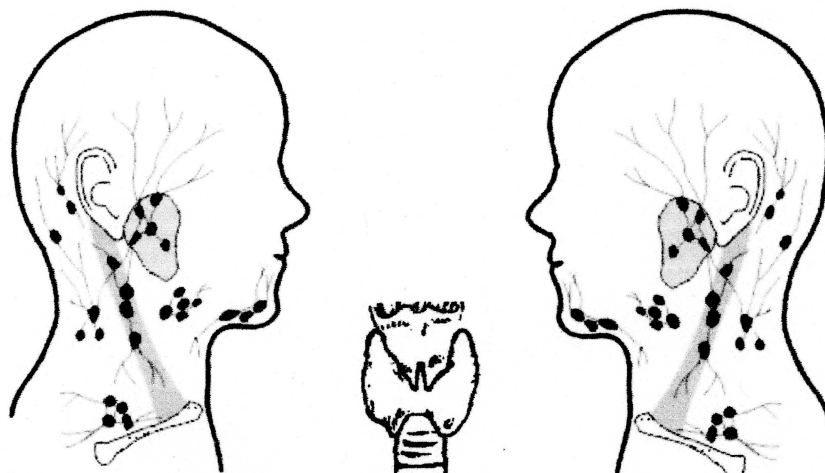
Known risk factors:	Colour: Normal <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Pigmented <input type="checkbox"/>
History	Surface Texture: Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Hyperkeratinized <input type="checkbox"/> Ulcerated <input type="checkbox"/> Erosive <input type="checkbox"/>
Location:	Margins: Regular <input type="checkbox"/> Irregular <input type="checkbox"/>
Symptoms:	Consistency Firm <input type="checkbox"/> Soft <input type="checkbox"/>
Size _____ X _____ mm	Contour: Raised <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Sessile <input type="checkbox"/> Pedunculated <input type="checkbox"/>
Single <input type="checkbox"/> Multiple <input type="checkbox"/>	Photo <input type="checkbox"/>
Duration:	

Follow up in two weeks to evaluate lesions: Date of appt _____

Findings at follow-up: Date: _____ Healed Persists

Referral to _____ Date of appt _____

Specialist report received: Date _____ Checked by Dr _____



RIGHT

LEFT

