Mouth, Lips, and Tongue Examination

Name:  SSN:  
Date of Exam:  C-number:  
Place of Exam:  

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

C. Physical Examination (Objective Findings):
Address each of the following and fully describe current findings:

1. Disfigurement - if present, order color photographs.  
2. Interference with mastication.  
3. Interference with speech - state extent.  
4. Absence of all or part of tongue - describe.  

D. Diagnostic and Clinical Tests:
1. Include results of all diagnostic and clinical tests conducted in the examination report.  

E. Diagnosis:

Signature:  Date:  

Version: Pre-2006