

# Anatomy Checklist

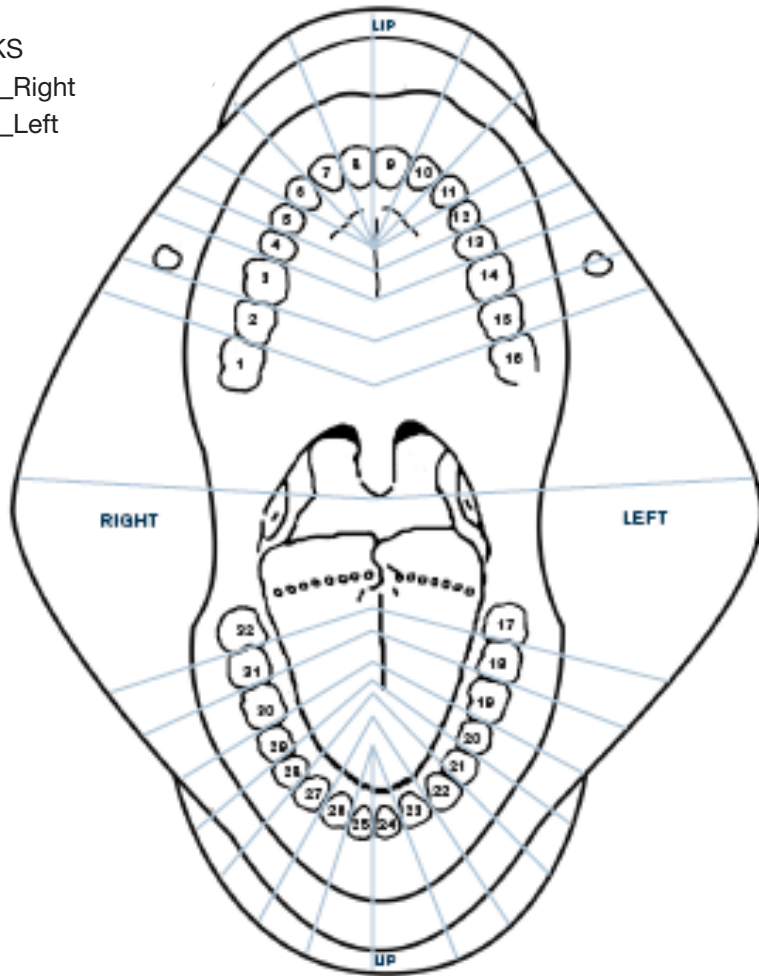
Patient Name \_\_\_\_\_ Date \_\_\_\_\_

- LIPS**
- \_\_\_\_\_ Upper
  - \_\_\_\_\_ Lower
  - \_\_\_\_\_ Vermillion Border
  - \_\_\_\_\_ Commisures

- OROPHARYNX**
- \_\_\_\_\_ Right Tonsil
  - \_\_\_\_\_ Left Tonsil

- FAUCIAL PILLARS**
- \_\_\_\_\_ Right Posterior
  - \_\_\_\_\_ Right Anterior
  - \_\_\_\_\_ Left Posterior
  - \_\_\_\_\_ Left Anterior

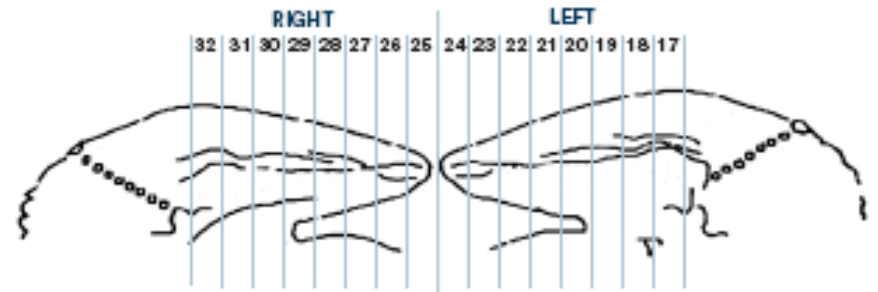
- CHEEKS**
- \_\_\_\_\_ Right
  - \_\_\_\_\_ Left



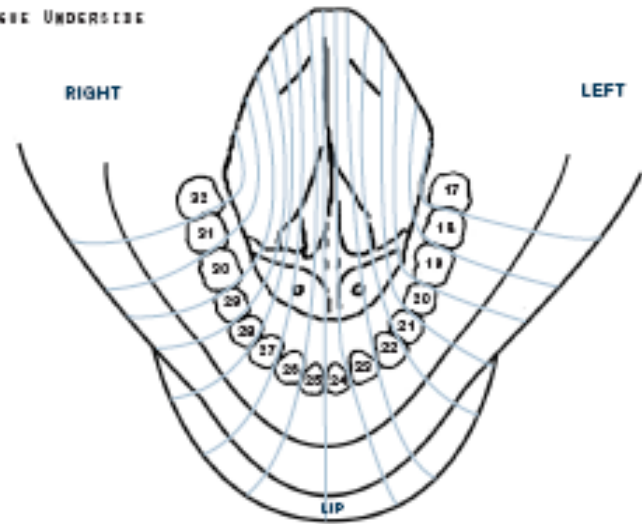
- PALATE**
- \_\_\_\_\_ Uvula
  - \_\_\_\_\_ Soft
  - \_\_\_\_\_ Hard

- TONGUE**
- \_\_\_\_\_ Dorsum
  - \_\_\_\_\_ Right Lateral Border
  - \_\_\_\_\_ Left Lateral Border
  - \_\_\_\_\_ Ventral

- FLOOR**
- \_\_\_\_\_ Wharton's Duct



FORM C: TONGUE UNDERSIDE



Clinical Impression \_\_\_\_\_

Clinical Impression \_\_\_\_\_