

Oral Mucosal and Soft Tissue Evaluation Form

Patient's Name: _____ Date: _____

Date of Previous Exam: _____ Condition Duration: _____

Relevant Medical History / Status: _____

Medications: _____

Relevant Social History / Status: _____

Relevant Dental History / Status: _____

Extent of Involvement: _____

General Visual Appearance: _____

Region of Soft Tissue: _____ Location / Dentition Reference: _____

Visual Color: _____ Visual Size Dimensions: _____

VELscope / Fluorescence Visualization (FV): _____ FV Size Dimensions: _____

Overall Configuration: _____ Surface of Lesion: _____

Margin Configuration: _____ Mode of Attachment: _____

Consistency: _____ Mobility of Lesion: _____

Pain / Symptoms: _____

Extraoral Head Neck Findings: _____

Photodocumentation: _____

Clinical Impression / Preliminary Diagnosis: _____

Action(s) Taken: _____

Status / Recommendations: _____

Other Comments: _____

