MARVIX AI

ORAL MEDICINE CONSULTATION SOAP NOTE TEMPLATE

Questions? Visit us at **www.marvix.ai**

1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME _____ DOB _____

AGE / SEX _____ CREDENTIALS _____

REFERRAL SOURCE _____ DENTAL PROVIDER / PCP, IF APPLICABLE _____

CC CHIEF COMPLAINT

2 PRIMARY ORAL MEDICINE CONCERN

Primary oral, maxillofacial, mucosal, salivary, or orofacial concern — location, duration, severity, and functional impact...

S SUBJECTIVE

3 PATIENT-REPORTED ORAL MEDICINE SYMPTOMS & HISTORY

3a SYMPTOM ONSET, COURSE & LOCATION

Onset / Course (sudden / gradual / improving / worsening / recurrent):

Symptom Characteristics (pain / burning / ulceration / swelling / dryness / bleeding / taste change / numbness / trismus):

3b SEVERITY, FUNCTIONAL IMPACT & AGGRAVATING / RELIEVING FACTORS

Effect on eating, chewing, swallowing, speaking, oral hygiene, sleep, denture use, work, social interaction, QOL. Aggravating / relieving: spicy / acidic foods, dental appliances, trauma, stress, medications, oral hygiene products, temperature, chewing, jaw movement, topical / systemic treatments...

3c DENTAL / ORAL & MEDICAL HISTORY

Recent dental work, extractions, restorations, dentures, orthodontic appliances, oral trauma, bruxism, periodontal disease, recurrent ulcers, oral infections, prior oral surgery. Autoimmune disease, diabetes, immunosuppression, cancer history, radiation, chemotherapy, transplant, HIV, nutritional deficiencies, hematologic, GI, dermatologic, or neurologic disease...

3d MEDICATION / EXPOSURE HISTORY, PRIOR EVALUATION & PERTINENT NEGATIVES

Medications: xerostomia-inducing, bisphosphonates, denosumab, immunosuppressants, chemotherapy, anticoagulants, antiepileptics, antihypertensives, inhaled steroids. Tobacco, alcohol, vaping, betel nut, cannabis, occupational exposures. Prior dental evaluation, biopsy, cultures, imaging, labs, antifungals, antivirals, steroids, oral rinses, salivary substitutes, specialist evaluations. Pertinent negatives: denial of non-healing ulcer, rapidly enlarging lesion, unexplained bleeding, neck mass, dysphagia, odynophagia, unexplained weight loss, trismus, paresthesia, airway symptoms, fever...

ROS ORAL MEDICINE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

- [ ] Oral pain / burning / ulceration / lesions
- [ ] Gingival bleeding / swelling / periodontal symptoms
- [ ] Jaw pain / trismus / clicking / locking / bruxism
- [ ] Skin rash / genital ulcers / ocular symptoms / systemic mucosal symptoms
- [ ] Tobacco / alcohol / vaping / other exposure history
- [ ] Xerostomia / altered taste / salivary changes
- [ ] Dysphagia / odynophagia / chewing difficulty
- [ ] Facial pain / numbness / tingling / swelling
- [ ] Fever / weight loss / night sweats / fatigue

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS, IF OBTAINED

TEMPERATURE

PAIN SCORE

5a EXTRAORAL EXAMINATION

Facial symmetry, swelling, skin lesions, tenderness, salivary gland enlargement, lymphadenopathy, mandibular ROM, TMJ tenderness / clicking, cranial nerve findings if assessed...

5b INTRAORAL EXAMINATION

Lips / Labial Mucosa:

Gingiva / Periodontium:

Floor of Mouth:

Oropharynx:

Salivary Flow / Moisture / Duct Patency:

LD LESION DESCRIPTION

6 ORAL LESION CHARACTERIZATION, IF APPLICABLE

LOCATION / LATERALITY

SIZE (MM OR CM)

COLOR

BORDERS / MARGINS

INDURATION / FIXATION / BLEEDING / DRAINAGE / TENDERNESS

SURROUNDING MUCOSAL CHANGES

REMOVABLE / NON-REMOVABLE

PP PROCEDURES PERFORMED

7 ORAL MEDICINE PROCEDURES THIS VISIT

Procedure name, indication, technique, location, laterality, anesthesia, instruments, specimen collection, hemostasis, patient tolerance, complications. Examples: oral biopsy, brush cytology, culture collection, salivary flow testing, local anesthetic challenge, minor salivary gland biopsy, lesion measurement / photography...

L LAB & DIAGNOSTIC RESULTS

8 REVIEWED DATA

8a LABORATORY STUDIES & MICROBIOLOGY

CBC, CMP, iron studies, ferritin, B12, folate, zinc, HbA1c, autoimmune markers, inflammatory markers, Sjögren's testing, viral testing, fungal testing, or other condition-specific labs. Fungal / bacterial / viral cultures; HSV / VZV testing...

8b PATHOLOGY / IMAGING / PRIOR RECORDS

Biopsy findings, dysplasia grade, malignancy status, immunofluorescence:

Prior records reviewed (dental / pathology / oncology / rheumatology / dermatology):

A ASSESSMENT

9 ORAL MEDICINE CLINICAL INTERPRETATION

Primary diagnosis or working diagnosis. Differential diagnoses. Lesion type, location, severity, acuity, and chronicity. Relationship to oral exam, systemic disease, medications, dental factors, infection, trauma, or immune-mediated disease. Malignancy risk or need for biopsy / surveillance. Functional impact on eating, speaking, swallowing, oral hygiene, and QOL...

P PLAN

10 ORAL MEDICINE MANAGEMENT

Diagnostic testing ordered (labs, cultures, biopsy, imaging, salivary testing). Medication plan (topical therapies, systemic medications, antifungal / antiviral / antibacterial, corticosteroids, analgesics, saliva substitutes, sialogogues, neuropathic pain medications). Oral hygiene recommendations, avoidance of irritants, denture / appliance modifications, dietary modifications, tobacco / alcohol cessation. Dental coordination. Referrals to oral surgery, dentistry, ENT, dermatology, rheumatology, oncology, GI, neurology, pain medicine, or PCP. Patient education...

F FOLLOW-UP

11 REASSESSMENT PLAN

Follow-up timeframe and purpose:

TB TIME DOCUMENTATION & BILLING

TOTAL TIME

COUNSELING / COORDINATION TIME

CPT / E/M CODE(S): 99203 / 99204 / 99213 / 99214

PROCEDURE CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / PROCEDURE-BASED

PRIMARY ICD-10 CODE

SECONDARY ICD-10 CODE(S)

SO PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY: ORAL MEDICINE	DATE	TIME