MARVIX AI

ORAL LESION EVALUATION SOAP NOTE TEMPLATE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

CREDENTIALS

REFERRAL SOURCE

CC CHIEF COMPLAINT

2 PRIMARY ORAL LESION CONCERN

Patient's primary concern — location, duration, symptoms, changes over time, and whether the lesion was noticed by the patient, dentist, physician, caregiver, or another provider...

S SUBJECTIVE

3 PATIENT-REPORTED LESION HISTORY & RISK FACTORS

3a ONSET, DURATION, LOCATION & CHANGE OVER TIME

Onset / Duration (new / recurrent / persistent / previously resolved):

Change over time (size / color / pain / ulceration / bleeding / texture):

3b ASSOCIATED SYMPTOMS & FUNCTIONAL IMPACT

Pain, burning, tenderness, bleeding, swelling, numbness, tingling, taste change, dry mouth, dysphagia, odynophagia, trismus, halitosis, fever, or weight loss. Impact on eating, chewing, swallowing, speaking, oral hygiene, denture use, sleep, and QOL...

3c TRAUMA, DENTAL / ORAL & MEDICAL HISTORY

Trauma / irritation: cheek biting, sharp tooth, fractured restoration, dental appliance, dentures, orthodontics, recent dental work, hot food burn, chemical exposure, repetitive irritation. Medical history: immunosuppression, autoimmune disease, diabetes, IBD, dermatologic disease, hematologic disorder, nutritional deficiency, transplant, cancer, radiation, chemotherapy, recurrent infections...

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

Medications: bisphosphonates, denosumab, chemotherapy, immunosuppressants, inhaled steroids, anticoagulants, antiepileptics, antihypertensives, xerostomia-inducing. Tobacco, alcohol, vaping, betel nut, cannabis. Prior evaluation. Pertinent negatives: denial of non-healing ulcer, unexplained bleeding, rapidly enlarging lesion, neck mass, unexplained weight loss, dysphagia, odynophagia, trismus, paresthesia, fever...

ROS ORAL LESION REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

- [ ] Oral pain / burning / bleeding / ulceration / swelling / drainage
- [ ] White / red / pigmented / mixed mucosal changes
- [ ] Dysphagia / odynophagia / chewing difficulty / speech difficulty
- [ ] Numbness / tingling / altered taste / dry mouth
- [ ] Fever / fatigue / night sweats / unexplained weight loss
- [ ] Neck mass / facial swelling / jaw pain / trismus
- [ ] Skin rash / ocular symptoms / genital ulcers / systemic mucosal lesions
- [ ] Tobacco / alcohol / vaping / other carcinogenic exposure

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS, IF OBTAINED

TEMPERATURE

PAIN SCORE

5a EXTRAORAL & INTRAORAL EXAMINATION

Extraoral (facial symmetry / swelling / lymphadenopathy / salivary gland / jaw ROM / TMJ):

Lips and labial mucosa:

Gingiva and alveolar ridge:

Tongue (dorsal / ventral / lateral):

Oropharynx and tonsillar region:

Salivary pooling and mucosal moisture:

LD LESION DESCRIPTION

6 PRECISE LESION CHARACTERIZATION

LESION NUMBER

SIZE (MM OR CM)

COLOR

BORDERS / MARGINS

INDURATION / FIXATION / FLUCTUANCE / FRIABILITY / TENDERNESS / BLEEDING

DRAINAGE / EXUDATE

RELATIONSHIP TO TEETH / RESTORATIONS / DENTURES / APPLIANCES / TRAUMA

CLINICAL PHOTOGRAPHS OBTAINED

OC ORAL CANCER / HIGH-RISK LESION SCREENING

7 MALIGNANCY RISK ASSESSMENT

Non-healing ulcer. Erythroplakia, leukoplakia, speckled lesion, induration, fixation, or unexplained bleeding. Lateral tongue, floor of mouth, soft palate, or oropharyngeal involvement. Cervical lymphadenopathy. Tobacco, alcohol, betel nut, HPV-related risk, prior dysplasia, or prior head and neck cancer. Need for biopsy, surveillance, or urgent referral...

PP PROCEDURES PERFORMED

8 PROCEDURES THIS VISIT

Procedure name, indication, lesion location / laterality, consent, anesthesia, technique, specimen type and handling, hemostasis, post-procedure instructions, patient tolerance, complications. Examples: oral biopsy, brush cytology, culture, HSV swab, fungal culture, lesion photography, irritant removal...

L LAB & DIAGNOSTIC RESULTS

9 REVIEWED DATA

Pathology (diagnosis / dysplasia grade / malignancy / margins / pending):

Lab studies (CBC, CMP, B12, folate, iron, ferritin, zinc, HbA1c, autoimmune, viral):

Prior records reviewed (dental / pathology / oral surgery / oncology / dermatology):

A ASSESSMENT

10 ORAL LESION CLINICAL INTERPRETATION

Primary diagnosis or working diagnosis. Differential diagnoses. Lesion morphology and clinical significance. Likely etiology: traumatic, inflammatory, infectious, immune-mediated, reactive, premalignant, malignant, vascular, salivary, medication-related, or systemic disease-related. Risk level based on lesion characteristics and patient risk factors. Need for biopsy, culture, imaging, specialist referral, or surveillance. Functional impact and symptom burden...

P PLAN

11 ORAL LESION MANAGEMENT

Diagnostic plan (biopsy, culture, lab work, imaging, photography, or short-interval reassessment). Treatment plan (topical medication, systemic medication, antifungal / antiviral / antibacterial, corticosteroid, analgesia, oral rinses, saliva support, or irritant removal). Dental management (smooth sharp tooth, denture adjustment, appliance modification, caries / periodontal management, oral hygiene optimization). Risk reduction counseling. Referral plan. Patient education...

F FOLLOW-UP

12 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 / DENTISTRY / ORAL SURGERY / ENT

DATE

TIME