MARVIX AI

ORAL BIOPSY PROCEDURE SOAP NOTE TEMPLATE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

CREDENTIALS

MRN / PATIENT ID

VISIT TYPE

REFERRAL SOURCE

DENTAL PROVIDER / PRIMARY CARE PROVIDER (IF APPLICABLE)

CC CHIEF COMPLAINT

2 PRIMARY CONCERN & REASON FOR BIOPSY

Patient's primary concern related to the oral lesion or mucosal abnormality requiring biopsy — location, duration, symptoms, change over time, and reason for biopsy...

S SUBJECTIVE

3 LESION / FINDING HISTORY

3a REASON FOR BIOPSY, ONSET & LOCATION

Reason for biopsy (diagnostic clarification / persistent / suspicious / non-healing ulcer / mucosal disease / recurrent / dysplasia surveillance / malignancy concern / treatment-resistant):

Lesion onset & course (sudden or gradual; improving / worsening / persistent / recurrent / enlarging / bleeding / ulcerating / changing color or texture):

Anatomic location (tongue / buccal mucosa / gingiva / palate / floor of mouth / lip / vestibule / retromolar trigone / oropharynx; laterality):

3b SYMPTOMS, FUNCTION & RISK FACTORS

Associated symptoms (pain, burning, bleeding, swelling, drainage, numbness, tingling, altered taste, dysphagia, odynophagia, trismus, tooth mobility). Functional impact on eating, speaking, oral hygiene, denture use, sleep, quality of life...

Risk factors (tobacco, vaping, alcohol, betel/areca nut, immunosuppression, prior dysplasia / oral or H&N cancer, radiation, chronic trauma, ill-fitting dentures, family history):

3c RELEVANT HISTORY & MEDICATIONS

Dental / oral history (recent dental work, sharp teeth, fractured restorations, dentures, implants, appliances, trauma, prior lesions / ulcers, periodontal disease, prior biopsy):

Medical history relevant to biopsy (bleeding disorders, anticoagulant / antiplatelet use, immunosuppression, diabetes, autoimmune, cardiac, transplant, cancer / radiation / chemo, infection risk):

Medication / allergy review (anticoagulants, antiplatelets, bisphosphonates, denosumab, immunosuppressants, steroids, chemo, antibiotics, analgesics; medication allergies):

Prior evaluation & treatment (dental / medical evaluation, clinical photographs, imaging, cultures, labs, topical / systemic meds, prior biopsy / pathology, specialist recommendations):

3d PERTINENT NEGATIVES

Denial of red-flag or procedural-risk symptoms when relevant — fever, active infection, uncontrolled bleeding, airway symptoms, rapidly progressive swelling, facial weakness or numbness, weight loss, neck mass, dysphagia, odynophagia...

ROS ORAL BIOPSY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Oral lesion / ulcer / plaque / swelling / discoloration / mass · oral pain / burning / bleeding / drainage / tenderness · numbness / tingling / altered taste / sensory change · dysphagia / odynophagia / trismus / speech difficulty · neck mass / facial swelling / lymphadenopathy · fever / chills / fatigue / weight loss / night sweats · bleeding tendency / anticoagulant use / delayed healing · tobacco / alcohol / vaping / betel nut / radiation / immunosuppression…

O OBJECTIVE

5 PRE-PROCEDURE FINDINGS

V VITALS, IF OBTAINED

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

WEIGHT / BMI (IF RELEVANT)

PAIN SCORE

5a EXAMINATION

General appearance (distress, cooperation, hydration, communication ability, ability to tolerate oral examination):

Extraoral (facial symmetry / swelling / skin lesions / salivary glands / cervical lymphadenopathy / jaw ROM / TMJ / cranial nerves / signs of infection):

Intraoral (lips & labial mucosa / buccal mucosa / gingiva & ridge / tongue / floor of mouth / palate / retromolar trigone / oropharynx / dentition & appliances / salivary pooling & moisture):

LD LESION DESCRIPTION

6 PRECISE LESION CHARACTERIZATION

EXACT LOCATION / LATERALITY

SIZE (MM OR CM)

SHAPE & BORDER

COLOR & SURFACE TEXTURE

LESION FEATURES (ULCER / EROSION / PLAQUE / VESICLE / MASS / PIGMENTATION / LEUKOPLAKIA / ERYTHROPLAKIA / MIXED)

INDURATION / FIXATION / FRIABILITY / TENDERNESS / BLEEDING / DRAINAGE / NECROSIS

SURROUNDING CHANGE (ERYTHEMA / EDEMA / KERATOSIS / PIGMENTATION); RELATIONSHIP TO TEETH, RESTORATIONS, DENTURES, APPLIANCES OR TRAUMA; PHOTOGRAPHS OBTAINED

PA PRE-PROCEDURE ASSESSMENT

7 PROCEDURE READINESS & RISK REVIEW

- [ ] Indication for biopsy confirmed
- [ ] Planned biopsy type selected
- [ ] Site and laterality confirmed
- [ ] Consent obtained
- [ ] Allergy review completed
- [ ] Medication review completed
- [ ] Anticoagulant / antiplatelet status reviewed
- [ ] Bleeding risk reviewed
- [ ] Infection risk reviewed
- [ ] Local anesthesia plan reviewed
- [ ] Specimen handling plan reviewed
- [ ] Patient questions addressed

PR PROCEDURE PERFORMED

8 ORAL BIOPSY PROCEDURE DETAIL

Procedure name (incisional / excisional / punch / shave / brush / perilesional / direct immunofluorescence / other) & indication:

Anatomic site & laterality; consent (risks, benefits, alternatives, expected course discussed):

Anesthesia (type, concentration, amount, route, vasoconstrictor); preparation (site prep, isolation, antiseptic, positioning):

Technique (biopsy method, incision type, depth, tissue sampled, lesion margin involvement, specimen handling):

Hemostasis (pressure / sutures / cautery / hemostatic agent); closure (suture type & number / dressing / none):

ESTIMATED BLOOD LOSS

PATIENT TOLERANCE

COMPLICATIONS

DISPOSITION

SP SPECIMEN / PATHOLOGY SUBMISSION

9 SPECIMEN HANDLING & ORDERS

SPECIMEN LABEL

SPECIMEN SITE

SPECIMEN LATERALITY

SPECIMEN SIZE

MEDIUM (FORMALIN / MICHEL'S / OTHER)

PATHOLOGY REQUESTED

DIRECT IMMUNOFLUORESCENCE REQUESTED (IF APPLICABLE)

CULTURE REQUESTED (IF APPLICABLE)

CLINICAL DIFFERENTIAL PROVIDED TO PATHOLOGY

PATHOLOGY TRACKING NUMBER (IF AVAILABLE)

PI POST-PROCEDURE INSTRUCTIONS

10 INSTRUCTIONS PROVIDED

Bleeding control · pain management · oral hygiene instructions · diet modifications · activity restrictions · suture care · medication instructions · avoidance of smoking / alcohol / spicy or traumatic foods when indicated · signs of infection or delayed healing · emergency precautions · pathology result follow-up process…

MO MEDICATIONS / ORDERS

11 MEDICATIONS & ORDERS PROVIDED

Analgesic plan · antimicrobial therapy if indicated · antifungal or antiviral therapy if indicated · oral rinse or topical therapy · hemostatic agent if used · pathology order · culture order · imaging or lab order if indicated…

DR DIAGNOSTIC RESULTS REVIEWED

12 PRE-EXISTING / SAME-DAY RESULTS

Prior pathology / clinical photographs:

Imaging (dental radiographs / panoramic / CBCT / CT / MRI / ultrasound):

Laboratory studies / microbiology results:

Prior specialist records; medication & anticoagulation documentation:

A ASSESSMENT

13 BIOPSY CLINICAL INTERPRETATION

Primary lesion diagnosis or working diagnosis; differential diagnoses; biopsy indication and clinical rationale; lesion risk level based on morphology, location, duration, symptoms and risk factors; procedural risk considerations; need for pathology review, surveillance, referral, or additional treatment depending on results...

P PLAN

14 POST-BIOPSY MANAGEMENT

Await pathology and communicate results. Continue wound care and post-procedure precautions. Pain control plan and medication instructions. Manage bleeding risk and infection precautions. Schedule follow-up for site check, suture removal, and pathology review. Referral (oral surgery / ENT / H&N oncology / dermatology / rheumatology / dentistry / PCP) depending on pathology. Patient education re: healing, warning signs, and urgent return precautions...

F FOLLOW-UP

15 REASSESSMENT PLAN

Follow-up timeframe and purpose (wound check, suture removal, pathology review, treatment planning, surveillance, specialist referral coordination):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME

PROCEDURE TIME

COUNSELING / COORDINATION OF CARE TIME

E/M LEVEL (IF SEPARATELY BILLABLE): 99203 / 99204 / 99213 / 99214

PROCEDURE CODE(S)

SPECIMEN / PATHOLOGY CODE(S) (IF APPLICABLE)

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

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