MARVIX AI

SALIVARY GLAND DISORDER SOAP NOTE TEMPLATE

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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 SALIVARY GLAND CONCERN

Patient's primary salivary gland-related concern in their own words — swelling, pain, dryness, drainage, infection, taste changes, or recurrent episodes...

S SUBJECTIVE

3 PATIENT-REPORTED SALIVARY HISTORY

3a ONSET, COURSE, LOCATION & SWELLING

Onset / course (sudden or gradual; improving / worsening / recurrent / persistent / episodic / meal-related):

Anatomic location (parotid / submandibular / sublingual / minor glands / floor of mouth; right / left / bilateral):

Swelling characteristics (size, recurrence, tenderness, firmness, fluctuation, erythema, drainage, warmth, meal-related):

3b PAIN & SALIVARY SYMPTOMS

Pain (location, severity, quality, frequency, duration, radiation, meal association, aggravating / relieving):

Salivary symptoms (xerostomia, thick saliva, reduced flow, excessive salivation, foul taste, purulent drainage, duct obstruction, difficulty swallowing dry foods, frequent sipping, nighttime dryness). Associated oral symptoms (burning, mucosal sensitivity, caries, candidiasis, halitosis, dysgeusia, sores, dysphagia)…

3c SYSTEMIC SYMPTOMS & HISTORY

Systemic symptoms (fever, chills, fatigue, weight loss, night sweats, dehydration, arthralgia, dry eyes, rash, recurrent infections, autoimmune):

Dental / oral history (caries, periodontal disease, recent dental work, dentures, appliances, prior stones / infection / gland procedures):

Medical history (Sjögren's, autoimmune, diabetes, dehydration, kidney / thyroid disease, sarcoidosis, IgG4, immunosuppression, H&N radiation, RAI, chemo, eating disorder):

Medication / exposure history (anticholinergics, antidepressants, antihistamines, decongestants, antihypertensives, diuretics, opioids, antipsychotics, chemo; tobacco / alcohol / vaping):

Prior evaluation & treatment (dental / ENT / oral medicine, imaging, flow testing, labs, cultures, antibiotics, sialogogues, gland massage, sialendoscopy, stone removal, surgery):

3d PERTINENT NEGATIVES

Denial of red-flag symptoms when relevant — rapidly enlarging mass, persistent unilateral enlargement, facial weakness or numbness, trismus, weight loss, night sweats, dysphagia, airway symptoms, persistent fever, immunosuppression-related infection…

ROS SALIVARY GLAND REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Gland swelling / pain / tenderness / recurrent episodes · meal-related swelling or pain · dry mouth / thick saliva / reduced or excessive saliva · foul taste / purulent or duct discharge · oral burning / candidiasis / caries / mucosal sensitivity · dry eyes / arthralgia / rash / fatigue / autoimmune symptoms · fever / chills / dehydration / weight loss / night sweats · dysphagia / odynophagia / trismus / facial numbness or weakness · tobacco / alcohol / vaping / radiation / xerogenic medication…

O OBJECTIVE

5 OBSERVED 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, hydration, facial symmetry, communication ability, discomfort with eating / swallowing / gland palpation):

Extraoral — glands & neck (parotid & submandibular size / symmetry / tenderness / firmness / nodularity / warmth / erythema / fluctuance / mass; sublingual / floor swelling):

Extraoral — nerves & nodes (facial nerve function if parotid; cervical lymphadenopathy; skin changes / fistula / drainage; TMJ / jaw ROM; cranial nerves):

Intraoral — ducts & mucosa (mucosal moisture / pooling; saliva consistency & amount; Stensen's & Wharton's duct patency & drainage; purulence / mucus plugs; palpable stone; ranula / ductal tenderness):

Intraoral — dental & mucosal (caries / cervical-root caries, plaque, periodontal status; candidiasis / erythema / ulcers / trauma; denture or appliance findings):

SF SALIVARY FLOW / FUNCTIONAL ASSESSMENT

6 SALIVARY FUNCTION WHEN ASSESSED

Unstimulated & stimulated salivary flow · saliva quality (clear / thick / ropey / cloudy / purulent / reduced) · salivary pooling (normal / decreased / absent) · need for water while speaking or eating · dry mucosa / mirror-stickiness / fissured tongue / frothy saliva · difficulty swallowing dry foods · use of saliva substitutes / lozenges / hydration · xerostomia questionnaire or symptom scale…

DC DIAGNOSTIC CONSIDERATIONS

7 SUSPECTED SALIVARY GLAND DISORDER

Classify when supported: sialolithiasis · acute bacterial sialadenitis · chronic sialadenitis · recurrent parotitis · obstructive salivary disease · Sjögren's / autoimmune sialadenitis · medication-induced hypofunction · radiation-induced dysfunction · viral parotitis / systemic viral illness · ranula or mucocele · salivary gland neoplasm · IgG4-related disease · sarcoidosis / granulomatous disease · dehydration-related hypofunction…

PP PROCEDURES PERFORMED

8 PROCEDURES THIS VISIT

Procedure name, indication, gland / duct involved, laterality, consent, anesthesia if used, technique, specimen collection, drainage obtained, patient tolerance, complications. Examples: duct massage, expression of purulence, salivary culture, minor salivary gland biopsy, duct probing / dilation, sialolith removal, incision & drainage, clinical photography, salivary flow testing…

L LAB & DIAGNOSTIC RESULTS

9 REVIEWED & ORDERED STUDIES

Laboratory studies (CBC, CMP, ESR/CRP, ANA, RF, SSA/SSB, IgG4, HbA1c, thyroid, viral / hepatitis testing when indicated):

Microbiology (salivary duct / bacterial / fungal / viral culture; purulent drainage testing):

Imaging (ultrasound, CT neck, MRI, MR sialography, sialography, CBCT, panoramic, nuclear medicine salivary scan):

Pathology (minor salivary gland biopsy, gland biopsy, FNA, neoplasm pathology, inflammatory pattern, focus score, malignancy status):

Prior records reviewed (dental / ENT / rheumatology / oncology / radiation records, imaging & pathology reports, medication history, prior gland procedures):

A ASSESSMENT

10 SALIVARY GLAND CLINICAL INTERPRETATION

Primary or working diagnosis; differential diagnoses; gland involved, laterality, acuity, recurrence pattern, severity; relationship to obstruction, infection, autoimmune disease, medication effect, dehydration, radiation, systemic disease or neoplasm risk; functional impact; presence or absence of red-flag features; need for imaging, culture, labs, biopsy, ENT / oral surgery / rheumatology referral or surveillance…

P PLAN

11 SALIVARY GLAND MANAGEMENT

Diagnostic testing ordered. Conservative management (hydration, gland massage, warm compresses, sialogogues, sour lozenges, oral hygiene, avoid dehydration). Medication plan (antibiotics, antifungal, analgesics, anti-inflammatory, saliva substitutes, pilocarpine / cevimeline, xerogenic-medication review). Obstruction management (stone evaluation, sialendoscopy / duct dilation / stone removal, ENT / oral surgery referral). Autoimmune / systemic management (rheumatology, Sjögren's workup). Dental prevention. Patient education & return precautions…

F FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose (gland swelling / pain / salivary flow, infection response, imaging / lab review, stone evaluation, xerostomia management, biopsy / pathology review, referral follow-through):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME

COUNSELING / COORDINATION OF CARE TIME

E/M LEVEL: 99203 / 99204 / 99213 / 99214

DENTAL / MEDICAL 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