MARVIX AI

POST-PROCEDURE ORAL MEDICINE FOLLOW-UP SOAP NOTE TEMPLATE

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1 PATIENT INFORMATION

1 PATIENT & PROCEDURE DETAILS

NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

CREDENTIALS

MRN / PATIENT ID

VISIT TYPE

ORIGINAL PROCEDURE DATE

PROCEDURE PERFORMED

PROCEDURE SITE / LATERALITY

REFERRAL SOURCE

DENTAL PROVIDER / PRIMARY CARE PROVIDER (IF APPLICABLE)

CC CHIEF COMPLAINT

2 REASON FOR FOLLOW-UP

Reason for post-procedure follow-up — wound check, biopsy follow-up, suture removal, pathology review, symptom reassessment, complication evaluation, or treatment response...

S SUBJECTIVE

3 POST-PROCEDURE RECOVERY HISTORY

3a INTERVAL HISTORY, SITE SYMPTOMS & HEALING

Interval history since procedure (improvement / worsening / stability / new concerns):

Procedure-site symptoms (pain, tenderness, swelling, bleeding, drainage, ulceration, wound opening, numbness, tingling,

altered taste, irritation, foreign-body sensation):

Healing course (as expected / slower / worsening / recurrent / persistent symptoms):

3b PAIN, BLEEDING / INFECTION & FUNCTION

Pain & medication use (severity, frequency, duration, analgesic use, response, adverse effects, need for additional control):

Bleeding / infection symptoms (bleeding episodes, purulent drainage, foul taste, malodor, fever, chills, increasing redness / warmth / swelling, worsening tenderness). Functional impact on eating, speaking, oral hygiene, sleep, denture / appliance use…

3c ADHERENCE, RESULTS & UPDATES

Post-procedure care adherence (wound care, rinses, medications, diet, activity restrictions, smoking / alcohol avoidance, oral hygiene):

Pathology / culture result discussion if available (patient understanding, questions, concerns, related symptoms):

Relevant dental / medical updates (new dental care, medication / anticoagulant changes, systemic illness, immunosuppression, diabetes control, new specialist recommendations):

3d PERTINENT NEGATIVES

Denial of red-flag symptoms when relevant — uncontrolled bleeding, rapidly increasing swelling, fever, purulent drainage, airway symptoms, dysphagia, odynophagia, severe trismus, progressive numbness, facial weakness, worsening systemic symptoms…

ROS POST-PROCEDURE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Procedure-site pain / tenderness / swelling / bleeding · drainage / foul taste / malodor / infection symptoms · numbness / tingling / altered taste / sensory change · difficulty chewing / swallowing / speaking / oral hygiene · fever / chills / fatigue / systemic symptoms · recurrent lesion / ulceration / mucosal change / delayed healing · medication side effects or wound-care concerns…

O OBJECTIVE

5 OBSERVED POST-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, hydration, communication ability, discomfort with examination / speaking / chewing / swallowing):

Extraoral (facial symmetry / swelling / erythema / skin changes / salivary glands / lymphadenopathy / jaw ROM / TMJ / cranial nerves / spreading infection):

Intraoral — site (location & laterality; wound appearance; mucosal healing; epithelialization / granulation; sutures present or absent; dehiscence / necrosis / ulceration / exposed bone / delayed healing):

Intraoral — surrounding (erythema / edema / induration / tenderness / bleeding / drainage; infection or inflammation; residual or recurrent lesion; mucosal changes; dentition & appliances; salivary pooling; oral hygiene):

PS PROCEDURE SITE ASSESSMENT

6 PRECISE POST-PROCEDURE SITE DESCRIPTION

PROCEDURE PERFORMED

ORIGINAL SITE / LATERALITY

CURRENT SIZE / APPEARANCE

WOUND MARGINS

TISSUE COLOR & SURFACE TEXTURE

BLEEDING / DRAINAGE / SWELLING / INDURATION / TENDERNESS

SUTURE STATUS; HEALING STAGE; COMPARISON TO EXPECTED COURSE; CLINICAL PHOTOGRAPHS OBTAINED

PD PATHOLOGY / DIAGNOSTIC RESULTS

7 REVIEWED OR PENDING RESULTS

PATHOLOGY RESULT

DIAGNOSIS

DYSPLASIA GRADE (IF APPLICABLE)

MALIGNANCY STATUS (IF APPLICABLE)

MARGIN STATUS (IF APPLICABLE)

DIRECT IMMUNOFLUORESCENCE RESULT (IF APPLICABLE)

CULTURE RESULT (IF APPLICABLE)

IMAGING / LABORATORY RESULT (IF APPLICABLE)

RESULTS PENDING

PATIENT NOTIFIED / RESULT REVIEWED

PP PROCEDURES PERFORMED DURING FOLLOW-UP

8 FOLLOW-UP PROCEDURE (IF ANY)

Procedure name, indication, site, laterality, consent if required, technique, patient tolerance, complications. Examples: suture removal, wound irrigation, debridement, culture collection, repeat biopsy, clinical photography, topical medication application, hemostatic intervention, denture / appliance adjustment documentation, lesion remeasurement...

A ASSESSMENT

9 POST-PROCEDURE CLINICAL INTERPRETATION

Post-procedure status and healing progress; presence or absence of complication; pathology / diagnostic interpretation if available; residual or recurrent lesion, infection, delayed healing, dehiscence, exposed bone, neuropathic symptoms, or persistent mucosal disease; relationship of symptoms to procedure, diagnosis, oral hygiene, appliance, medication, systemic disease or healing risk factors; need for additional treatment, surveillance, repeat biopsy, imaging, referral, or escalation…

P PLAN

10 POST-PROCEDURE MANAGEMENT

Continue wound care, oral hygiene, rinses, diet modifications, activity precautions. Medication plan (analgesics, antimicrobials, topical therapy, corticosteroids, antifungal / antiviral, condition-specific therapy). Suture removal plan / documentation. Management of complications (bleeding, infection, delayed healing, exposed bone, dehiscence, pain, sensory change). Pathology-based plan (surveillance, complete excision, repeat biopsy, imaging, referral, medical therapy). Referral plan. Patient education & urgent return precautions…

F FOLLOW-UP

11 REASSESSMENT PLAN

Follow-up timeframe and purpose (wound recheck, suture removal, pathology discussion, treatment response, lesion surveillance, repeat biopsy planning, specialist referral follow-through, long-term monitoring):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME

PROCEDURE TIME (IF APPLICABLE)

COUNSELING / COORDINATION OF CARE TIME

E/M LEVEL (IF APPLICABLE): 99212 / 99213 / 99214

PROCEDURE CODE(S) (IF APPLICABLE)

GLOBAL PERIOD CONSIDERATIONS (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