MARVIX AI

ORAL ULCER & MUCOSAL DISEASE 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 MUCOSAL CONCERN

Patient's primary concern related to oral ulceration or mucosal disease in their own words — location, duration, recurrence, pain, visible changes, and functional impact...

S SUBJECTIVE

3 PATIENT-REPORTED MUCOSAL HISTORY

3a ONSET, COURSE, PATTERN & LOCATION

Onset / course (sudden or gradual; new / recurrent / persistent / worsening / improving / fluctuating):

Lesion pattern (single or multiple; localized or diffuse; ulcerative / vesicular / erosive / plaque-like / erythematous / white / pigmented / mixed):

Anatomic location (lips / labial & buccal mucosa / gingiva / tongue / floor of mouth / hard & soft palate / oropharynx / retromolar / diffuse):

3b ASSOCIATED SYMPTOMS, TRIGGERS & FUNCTION

Associated oral symptoms (pain, burning, bleeding, swelling, drainage, crusting, food sensitivity, altered taste, dry mouth, halitosis, dysphagia, odynophagia, trismus). Triggers & relieving factors. Functional impact on eating, speaking, oral hygiene, denture use, sleep, work, quality of life…

3c RELEVANT HISTORY

Dental / oral history (recent dental work, sharp teeth, fractured restorations, dentures, appliances, trauma, recurrent aphthae, prior infection / surgery / biopsy):

Medical history (autoimmune, IBD, celiac, Behçet, lichen planus, pemphigus/pemphigoid, lupus, diabetes, immunosuppression, cancer/chemo/radiation, hematologic, nutritional):

Extraoral / systemic symptoms (fever, fatigue, weight loss, night sweats, skin rash, genital ulcers, ocular symptoms, joint pain, GI symptoms, lymphadenopathy):

Medication / exposure history (NSAIDs, antibiotics, immunosuppressants, chemo, bisphosphonates, antiepileptics, antihypertensives, inhaled steroids, tobacco, alcohol, vaping):

Prior evaluation & treatment (biopsy, cultures, viral swabs, labs, imaging, topical / systemic steroids, antifungals, antivirals, antibiotics, rinses, specialist evaluation):

3d PERTINENT NEGATIVES

Denial of red-flag symptoms when relevant — non-healing ulcer, rapidly enlarging lesion, unexplained bleeding, persistent neck mass, weight loss, dysphagia, odynophagia, severe trismus, paresthesia, airway symptoms, fever or systemic illness…

ROS ORAL ULCER / MUCOSAL DISEASE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Oral ulcers / erosions / vesicles / plaques / mucosal lesions · oral pain / burning / bleeding / drainage / swelling · white / red / pigmented / mixed mucosal changes · dry mouth / altered taste / oral sensitivity · dysphagia / odynophagia / chewing or speech difficulty · skin rash / genital ulcers / ocular symptoms / joint pain · GI symptoms / recurrent infections / fever / fatigue / weight loss / night sweats · tobacco / alcohol / vaping / betel nut exposure...

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, communication ability, nutritional appearance, discomfort with speaking / swallowing / examination):

Extraoral (facial swelling / skin lesions / lip crusting / perioral lesions / salivary glands / lymphadenopathy / TMJ / cranial nerves / cervical):

Intraoral (lips / buccal mucosa / gingiva & periodontium / tongue / floor of mouth / palate / oropharynx / dentition & prostheses / salivary flow):

LD LESION DESCRIPTION

6 PER-LESION CHARACTERIZATION

LESION NUMBER

EXACT LOCATION / LATERALITY

SIZE (MM OR CM)

SHAPE & BORDER

COLOR & SURFACE TEXTURE

TYPE (ULCER BASE / PSEUDOMEMBRANE / PLAQUE / VESICLE / EROSION / STRIAE / DESQUAMATION)

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

SURROUNDING CHANGE (ERYTHEMA / EDEMA / KERATOSIS / PIGMENTATION); PLAQUE REMOVABLE VS NON-REMOVABLE

RELATIONSHIP TO TEETH, RESTORATIONS, DENTURES, APPLIANCES OR TRAUMA; CLINICAL PHOTOGRAPHS OBTAINED

MC MUCOSAL DISEASE CLASSIFICATION / DIAGNOSTIC CONSIDERATIONS

7 SUSPECTED MUCOSAL PROCESS

Classify when supported: traumatic ulceration · recurrent aphthous stomatitis · herpetic / viral · candidiasis / fungal · bacterial · oral lichen planus / lichenoid mucositis · mucous membrane pemphigoid · pemphigus vulgaris · erythema multiforme · contact / allergic stomatitis · medication-induced · nutritional deficiency · autoimmune / systemic inflammatory · premalignant / malignant · radiation- or chemotherapy-related mucositis…

PP PROCEDURES PERFORMED

8 PROCEDURES THIS VISIT

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

L LAB & DIAGNOSTIC RESULTS

9 REVIEWED & ORDERED DATA

Pathology (diagnosis / dysplasia grade / malignancy status / inflammatory pattern / immunofluorescence / margins / pending):

Microbiology (fungal / bacterial culture, viral swab, HSV/VZV):

Laboratory studies (CBC, CMP, ESR/CRP, B12, folate, iron/ferritin, zinc, HbA1c, autoimmune markers, celiac, HIV if indicated & consented):

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

Prior records reviewed (dental / pathology / dermatology / rheumatology / GI / oncology / primary care / medication history / prior biopsy):

A ASSESSMENT

10 MUCOSAL DISEASE CLINICAL INTERPRETATION

Primary or working diagnosis; differential diagnoses; lesion morphology, distribution, severity, chronicity, recurrence pattern; relationship to trauma, infection, immune-mediated / systemic disease, medication effect, nutritional deficiency, appliance, tobacco/alcohol exposure or malignancy risk; functional impact; presence or absence of red-flag features; need for biopsy, culture, labs, imaging, referral, treatment escalation or surveillance…

P PLAN

11 MUCOSAL DISEASE MANAGEMENT

Diagnostic testing ordered (biopsy, DIF, cultures, viral testing, labs, imaging, specialist evaluation). Medication plan (topical / systemic corticosteroids, antifungal / antiviral / antibacterial, analgesics, rinses, immunomodulatory therapy, saliva support, barrier agents). Oral care recommendations. Dental coordination for trauma sources. Referral plan. Patient education & return precautions…

F FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose (lesion reassessment, biopsy / pathology review, culture or lab review, medication response, recurrence monitoring, dysplasia / malignancy surveillance, 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