MARVIX AI

ORAL CANCER SCREENING SOAP NOTE TEMPLATE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

1 PATIENT & VISIT DETAILS

NAME

DATE OF SERVICE

DOB

PROVIDER

AGE / SEX

CREDENTIALS

MRN / PATIENT ID

VISIT TYPE: ORAL CANCER SCREENING

REFERRAL SOURCE

DENTAL PROVIDER / PRIMARY CARE PROVIDER (IF APPLICABLE)

CC CHIEF COMPLAINT

2 REASON FOR SCREENING (PATIENT'S OWN WORDS)

Screening request, concerning lesion, non-healing ulcer, oral pain, visible mucosal change, risk-factor history, or referral-based concern...

S SUBJECTIVE

3 SCREENING HISTORY & RISK PROFILE

3a REASON FOR SCREENING, SYMPTOMS & COURSE

Reason for screening (routine / risk-based / lesion-based / referral-based / post-dysplasia or post-cancer surveillance / patient concern):

Current oral symptoms (lesion, ulcer, red or white patch, lump, swelling, pain, burning, bleeding, numbness, tingling, altered taste, loose teeth, non-healing sore, denture discomfort, mucosal color/texture change):

Symptom onset and course (first noticed, new or recurrent, improving / worsening / persistent / enlarging / bleeding / ulcerating / changing):

3b HIGH-RISK SYMPTOMS & ANATOMIC LOCATION

High-risk symptoms (dysphagia, odynophagia, hoarseness, trismus, otalgia, neck mass, unexplained weight loss, persistent throat discomfort, oral numbness, unexplained bleeding):

Anatomic location (lateral tongue, ventral tongue, floor of mouth, buccal mucosa, gingiva, palate, lips, retromolar trigone, oropharynx):

3c TOBACCO, ALCOHOL & OTHER EXPOSURE RISKS

Tobacco / nicotine history (cigarette, cigar, pipe, smokeless, vaping, nicotine pouch, frequency, duration, quit date, pack-years):

Alcohol history (pattern, frequency, quantity, duration, combined tobacco/alcohol exposure):

Other exposures (betel/areca nut, cannabis, occupational, radiation, chronic irritation, immunosuppression, HPV-related risk factors if disclosed, prior head and neck radiation):

3d PRIOR ORAL LESIONS, CANCER HISTORY & DENTAL HISTORY

Prior oral dysplasia, leukoplakia, erythroplakia, oral or head and neck cancer, biopsy history, pathology results, prior treatment, recurrence, surveillance history:

Dental / oral history (dentures, ill-fitting prosthesis, sharp teeth, fractured restorations, chronic trauma, periodontal disease, recent dental work, hygiene status, follow-up frequency):

3e MEDICAL & FAMILY HISTORY

Medical history relevant to cancer risk (immunosuppression, transplant, HIV if disclosed, prior malignancy, chemotherapy, radiation therapy, autoimmune or chronic mucosal disease):

Family history (oral cancer, head and neck cancer, other relevant malignancy):

3f PRIOR EVALUATION & PERTINENT NEGATIVES

Prior evaluation and treatment (dental or medical evaluation, lesion monitoring, photographs, biopsy, imaging, pathology, ENT / oral surgery / oncology evaluation, prior treatment):

Pertinent negatives (denies non-healing ulcer, unexplained bleeding, enlarging lesion, neck mass, dysphagia, odynophagia, hoarseness, trismus, otalgia, weight loss, facial numbness, airway symptoms):

ROS ORAL CANCER SCREENING REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Oral lesion / ulcer / lump / swelling / bleeding / mucosal discoloration · white patch / red patch / mixed red-white / pigmented lesion · oral pain, burning, numbness, tingling, altered taste · dysphagia, odynophagia, hoarseness, throat discomfort, trismus · ear pain, neck mass, facial swelling, jaw pain · loose teeth, denture intolerance, non-healing extraction site · fever, fatigue, night sweats, unexplained weight loss · tobacco, vaping, alcohol, betel nut, radiation exposure, immunosuppression…

O OBJECTIVE

5 MEASURABLE & OBSERVED FINDINGS

V VITALS, IF OBTAINED

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

WEIGHT / BMI (IF RELEVANT)

PAIN SCORE

5a GENERAL APPEARANCE

Distress level, nutritional appearance, communication ability, voice quality, hydration status, visible difficulty speaking, swallowing, or opening the mouth:

5b EXTRAORAL EXAMINATION

Facial symmetry / swelling · skin lesions, masses, ulceration, scars · lip and perioral lesions · cervical lymphadenopathy · submandibular, submental, supraclavicular nodes · salivary gland enlargement or tenderness · trismus / limited opening · cranial nerve findings · voice quality or swallowing difficulty:

5c INTRAORAL EXAMINATION — COMPLETE ORAL CAVITY & OROPHARYNGEAL SCREENING

Lips / labial mucosa (ulceration, plaques, crusting, discoloration, induration, swelling):

Buccal mucosa (leukoplakia, erythroplakia, ulceration, masses, striae, pigmentation, trauma):

Gingiva / alveolar ridge (ulceration, exophytic lesion, bleeding, enlargement, non-healing extraction site, loose teeth):

Tongue — dorsal, ventral, lateral (ulceration, mass, induration, fixation, red/white lesions, mobility):

Floor of mouth (mass, ulceration, leukoplakia, erythroplakia, salivary pooling, induration, fixation):

Palate — hard and soft (lesions, ulceration, erythema, petechiae, pigmentation, mass):

Retromolar trigone (lesion, ulceration, tissue change, tenderness, asymmetry):

Oropharynx (tonsillar asymmetry, mass, erythema, ulceration, exudate, posterior pharyngeal abnormality):

Dentition / prostheses (trauma sources, denture irritation, sharp teeth, fractured restorations, oral hygiene status):

LD LESION DESCRIPTION, IF APPLICABLE

6 DESCRIBE EACH LESION SEPARATELY

LESION NUMBER

EXACT LOCATION & LATERALITY

SIZE (MM / CM)

SHAPE & BORDER

COLOR: WHITE / RED / MIXED / PIGMENTED / ULCERATED / EXOPHYTIC / VERRUCOUS

SURFACE TEXTURE: REMOVABLE OR NON-REMOVABLE PLAQUE

SURFACE TEXTURE, REMOVABLE OR NON-REMOVABLE PLAQUE

INDURATION, FIXATION, FRIABILITY, TENDERNESS, BLEEDING, DRAINAGE, NECROSIS

SURROUNDING ERYTHEMA, EDEMA, KERATOSIS, PIGMENTATION, MUCOSAL CHANGE

RELATIONSHIP TO TEETH, RESTORATIONS, DENTURES, OR TRAUMA SOURCES

CLINICAL PHOTOGRAPHS OBTAINED (Y / N — DESCRIPTION)

RA ORAL CANCER RISK ASSESSMENT

7 RISK PROFILE

Tobacco / nicotine exposure · alcohol exposure · betel / areca nut · prior oral dysplasia or oral cancer · prior head and neck cancer · immunosuppression or transplant history · HPV-related risk factors if disclosed · chronic traumatic irritation · radiation exposure · family history of head and neck malignancy · lesion features concerning for premalignancy or malignancy...

RF HIGH-RISK FINDINGS / RED FLAGS

8 PRESENCE OR ABSENCE OF CONCERNING FEATURES

Non-healing ulcer · persistent red lesion · persistent white lesion · mixed red-white lesion · induration or fixation · spontaneous bleeding · rapid enlargement · exophytic or verrucous growth · persistent neck mass · trismus · dysphagia or odynophagia · unexplained otalgia · unexplained weight loss · oral numbness or cranial nerve deficit · non-healing extraction site...

PP PROCEDURES PERFORMED

9 SCREENING-RELATED PROCEDURE (IF ANY)

Procedure name, indication, lesion location, laterality, consent, technique, specimen handling, patient tolerance, complications. Examples: oral biopsy, brush cytology, adjunctive visualization, clinical photography, palpation-based screening, culture if infection suspected, referral-based lesion marking...

DR DIAGNOSTIC RESULTS

10 REVIEWED OR ORDERED STUDIES

Pathology (biopsy diagnosis, dysplasia grade, carcinoma status, margin status, immunohistochemistry, or pending):

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

Laboratory studies (CBC, CMP, inflammatory markers, nutritional labs, viral testing):

Prior records reviewed (dental records, prior biopsy/pathology, ENT, oral surgery, oncology, radiation records, imaging reports, photographs, surveillance notes):

A ASSESSMENT

11 SCREENING-SPECIFIC CLINICAL INTERPRETATION

Screening result (no suspicious lesion / benign-appearing / premalignant-appearing / suspicious / requires biopsy or referral) · primary or working diagnosis if lesion present · differential diagnoses · lesion morphology, location, duration, risk profile · relationship to trauma, infection, inflammatory or chronic mucosal disease, tobacco/alcohol exposure, malignancy risk · presence or absence of high-risk features · need for biopsy, imaging, referral, surveillance, or urgent evaluation…

P PLAN

12 SCREENING MANAGEMENT

Diagnostic plan (biopsy, brush cytology, imaging, clinical photography, repeat examination, specialist referral) · surveillance plan for benign or low-risk lesions with short-interval follow-up and repeat measurement/photography · referral to oral medicine, oral surgery, ENT, head and neck oncology, dentistry, dermatology, or primary care · risk reduction counseling (tobacco cessation, alcohol reduction, betel nut cessation, oral hygiene, dental care, avoidance of chronic irritants) · management of local irritants (denture adjustment, smoothing sharp teeth/restorations, trauma sources) · patient education on oral self-examination, warning signs, biopsy rationale, follow-up importance, return precautions…

F FOLLOW-UP

13 REASSESSMENT PLAN

Follow-up timeframe and purpose (lesion reassessment, biopsy / pathology review, surveillance, risk-factor counseling, dental correction of trauma source, imaging review, specialist referral follow-through):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

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 (ORAL SCREENING / LESION DIAGNOSIS) + DESCRIPTION

SECONDARY ICD-10 CODE(S), IF APPLICABLE

SO

PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY: ORAL MEDICINE / DENTISTRY / ORAL SURGERY / ENT	DATE	TIME