

Mucosal Examination Chart

Patient Name: _____

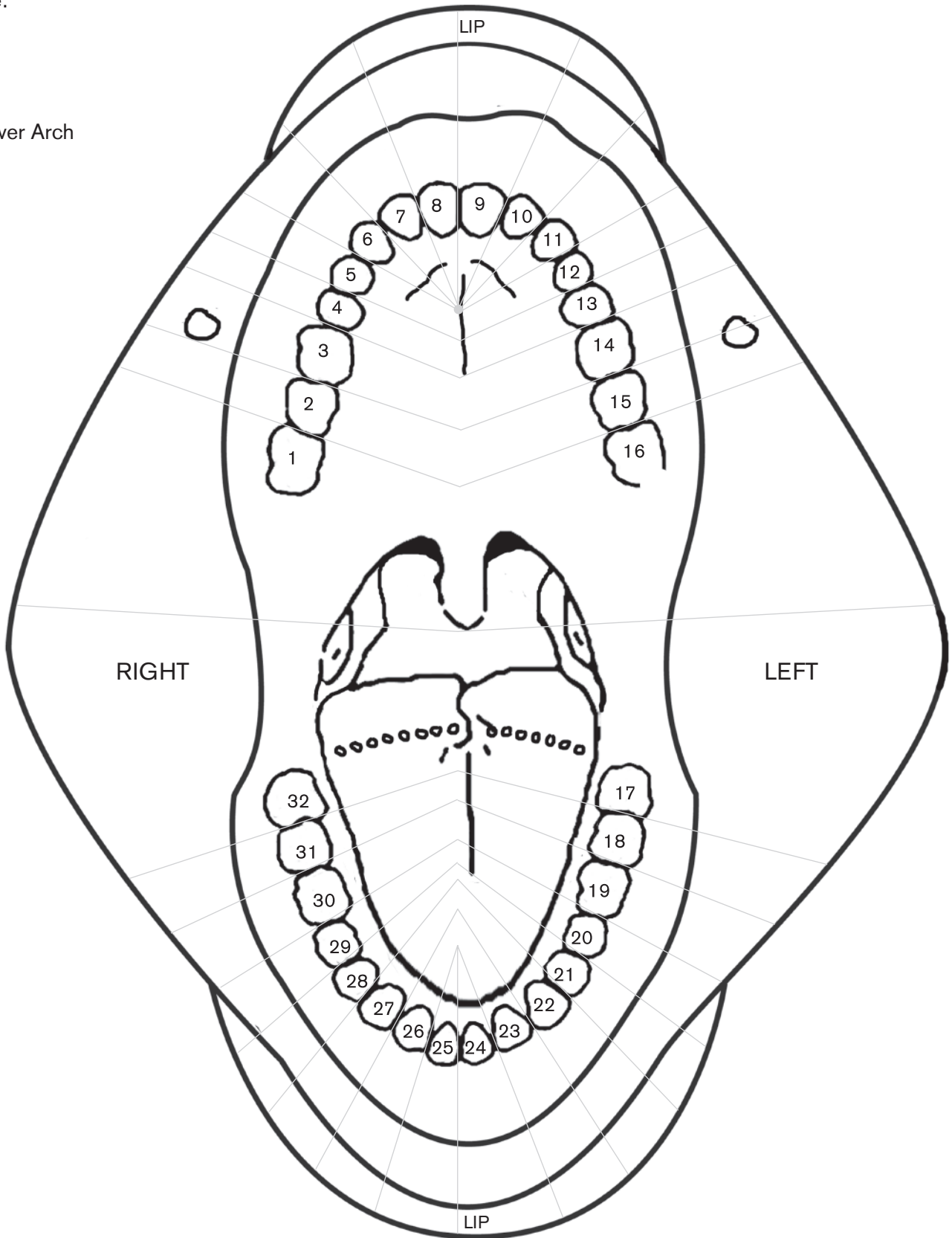
Case Number: _____

Exam Date: _____

Clinician: _____



Form A
Upper/Lower Arch



Clinical Impression: _____

Mucosal Examination Chart

Patient Name: _____

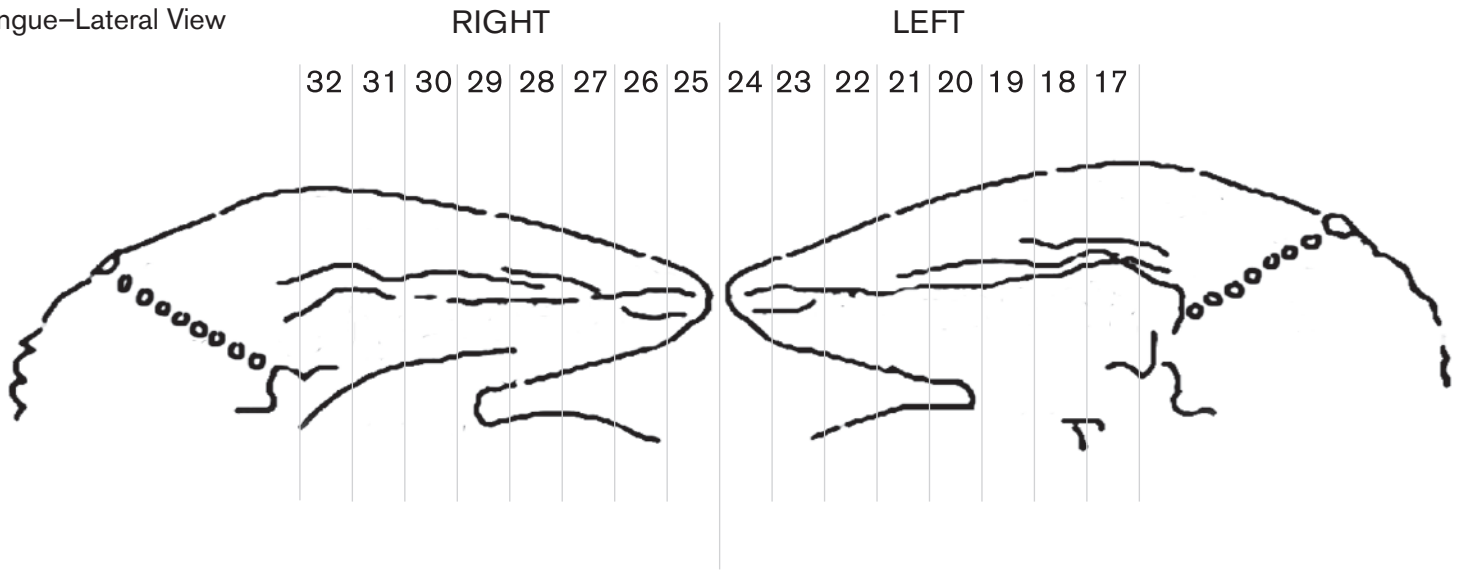
Case Number: _____

Exam Date: _____

Clinician: _____

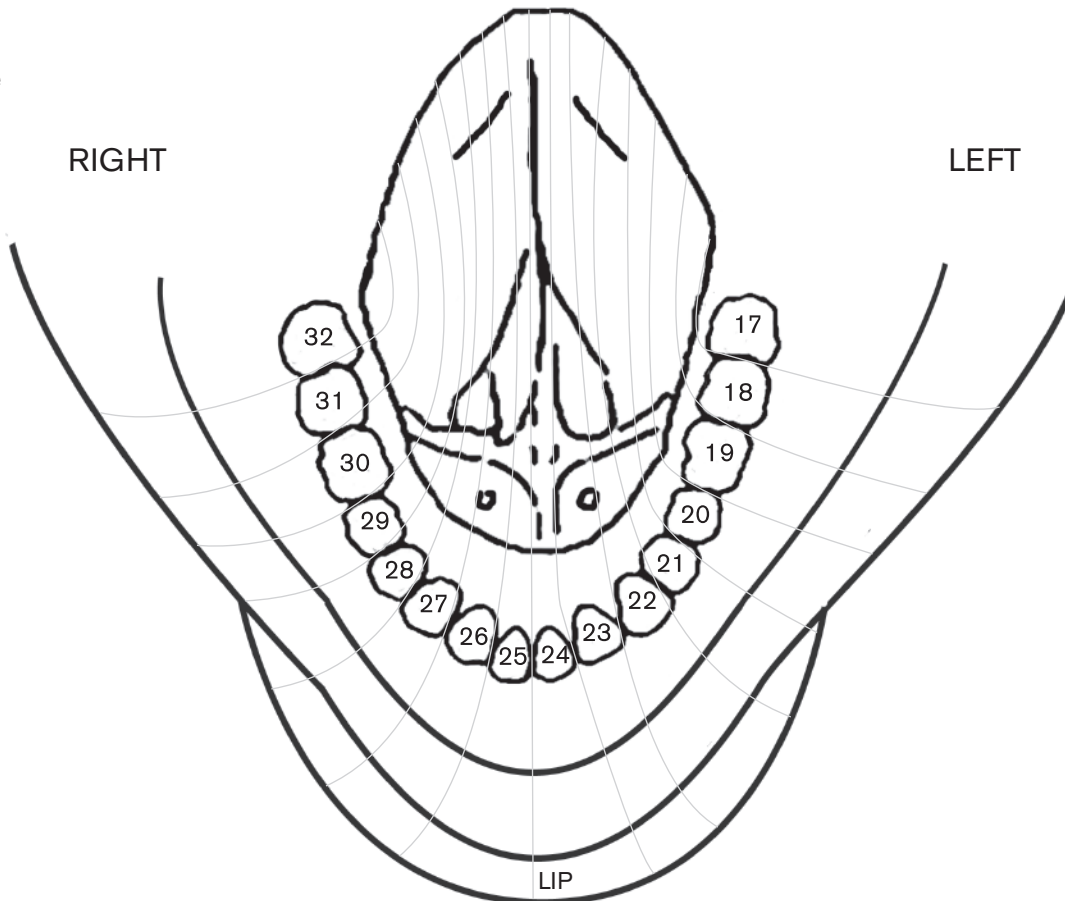
Form B

Tongue-Lateral View



Form C

Tongue Underside



Clinical Impression: _____