

Extra / Intra Oral Examination - Update or Cursory Exam

Patient's Name _____

This form is used as an EOIO Update after the patient has an electronic charting completed. The form is used as a Cursory exam document for those patients who have not had a complete EOIO before screening. All patients must have the EOIO completed in electronic format before treatment begins

Directions: when describing a lesion state the following; ABCD and T and give the duration and symptoms. **A= Anatomic Location:** circle the location, describe in relationship to tooth or tooth bearing area. **B = Border C = Color, Configuration and Consistency D = Diameter:** measured in mm, **T = Type:** flat, raised, fluid-filled

<p>Cursory Oral Exam or EOIO Update Date _____</p> <p>Findings: _____ _____ _____ _____ _____</p> <p style="text-align: right;">Faculty Initial</p>	<p>EOIO Update Date _____</p> <p>Findings: _____ _____ _____ _____ _____</p> <p style="text-align: right;">Faculty Initial</p>
<p>EOIO Update Date _____</p> <p>Findings: _____ _____ _____ _____ _____</p> <p style="text-align: right;">Faculty Initial</p>	<p>EOIO Update Date _____</p> <p>Findings: _____ _____ _____ _____ _____</p> <p style="text-align: right;">Faculty Initial</p>
<p>EOIO Update Date _____</p> <p>Findings: _____ _____ _____ _____ _____</p> <p style="text-align: right;">Faculty Initial</p>	<p>EOIO Update Date _____</p> <p>Findings: _____ _____ _____ _____ _____</p> <p style="text-align: right;">Faculty Initial</p>