

MUCOSAL EXAMINATION CHART

PATIENT NAME:

CASE NUMBER:

EXAM DATE:

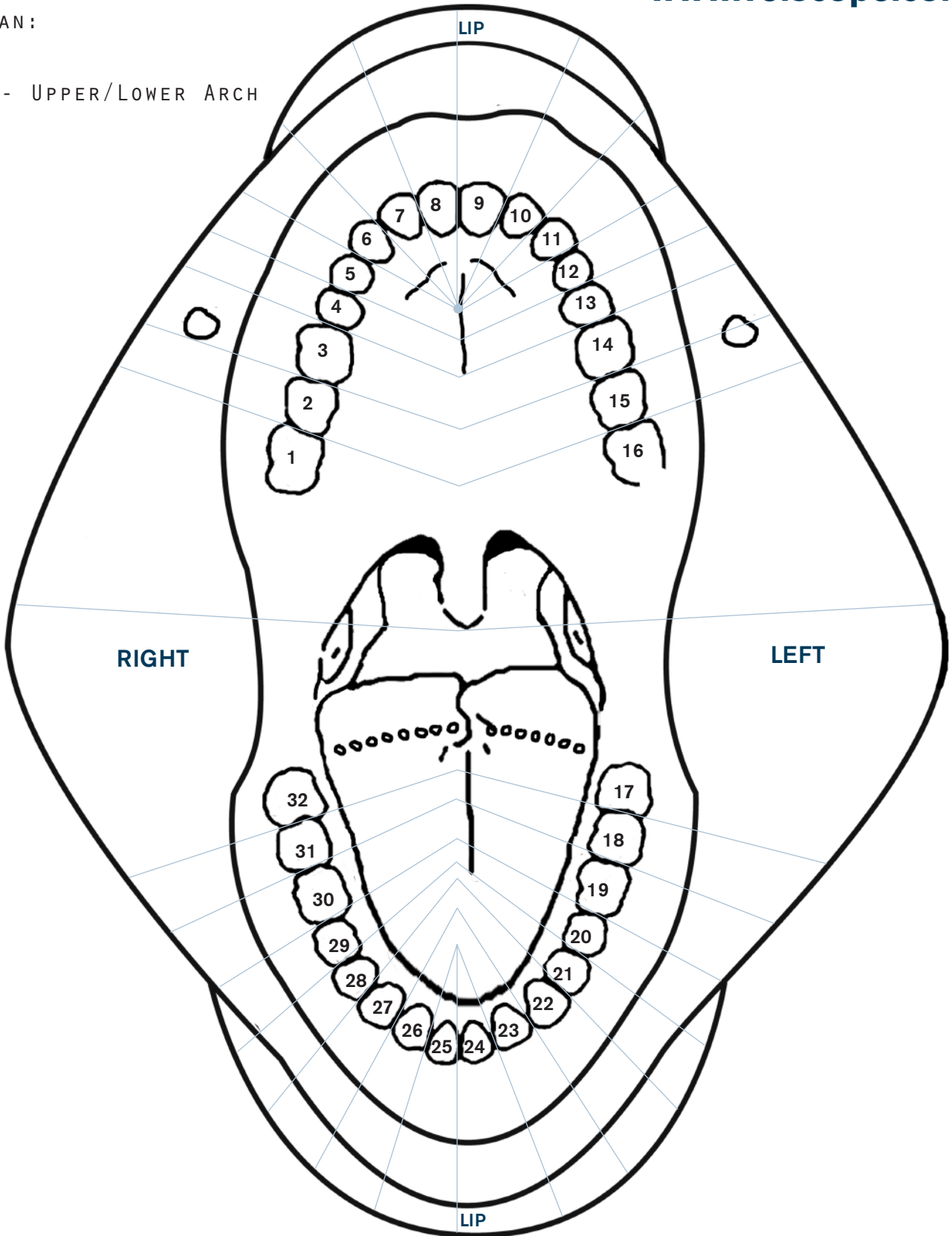
CLINICIAN:



THE MUCOSAL EXAMINATION SYSTEM

www.velscope.com

FORM A - UPPER/LOWER ARCH



CLINICAL

IMPRESSION: _____

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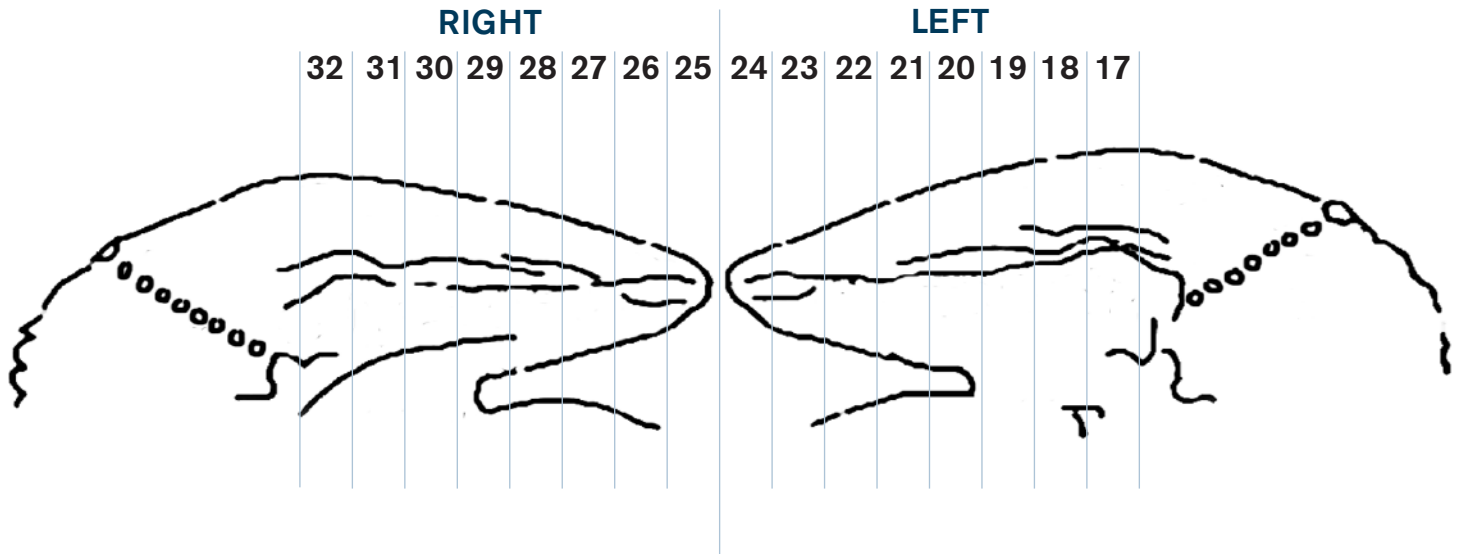
CLINICIAN:



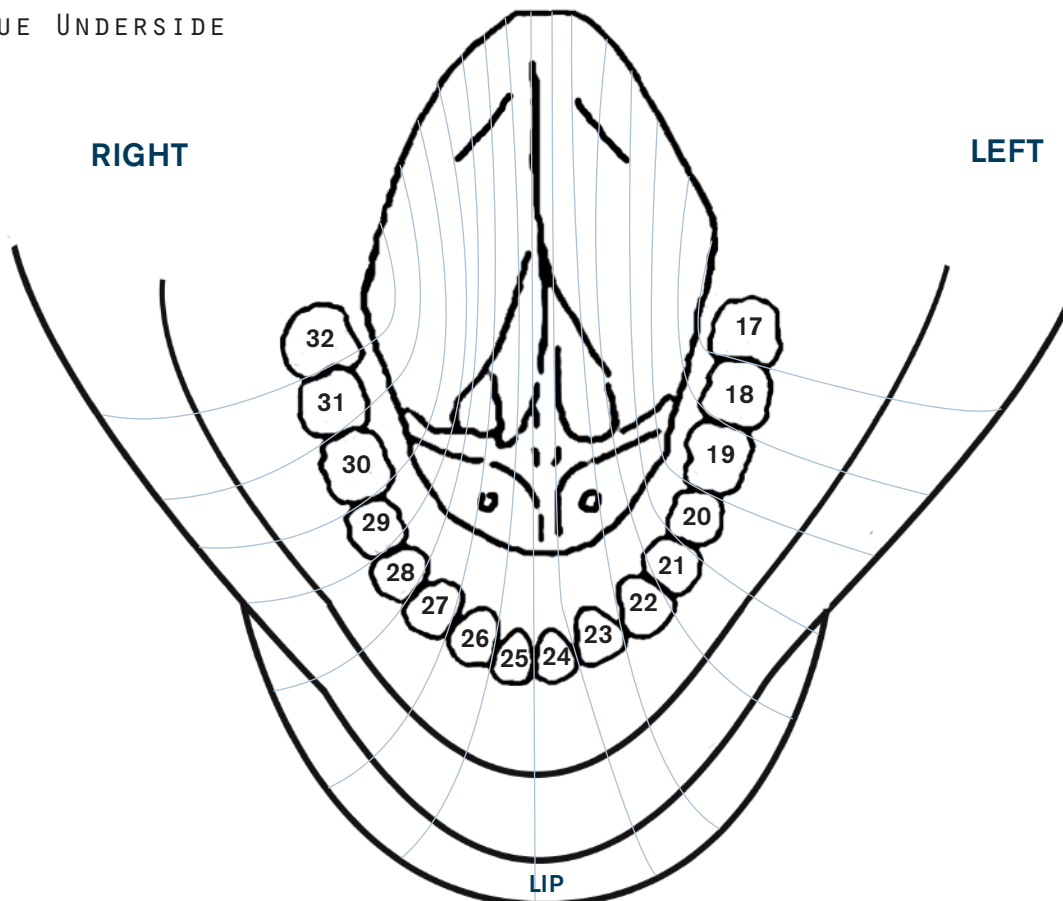
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FORM B: TONGUE-LATERAL VIEW



FORM C: TONGUE UNDERSIDE



CLINICAL

IMPRESSION: _____