

# HYGIENE ORAL OBSERVATION FORM

Candidate Identification Number

## INFORMATION ONLY



Candidate #

Unit #

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If **observations** are noted, write in the space provided, a one-line comment describing the condition and location. All soft tissue structures should be inspected for lesions, chemical or physical irritations, swelling or palpable nodules. If **no observations** are noted, place a check mark in the box provided.

ORAL INSPECTION	OBSERVATION
EXTRAORAL	Record Condition and Location
<p><b>A. Head, Face, Neck and Lymph Nodes</b></p> <p>(lesions, asymmetric swelling, infected facial piercings, and palpable nodules, lymph node tenderness, hardness, non-mobility, and/or enlargement)</p>	<input type="checkbox"/> <b>No observation</b>
<p><b>B. TMJ</b></p> <p>(discomfort, audible or palpable symptoms)</p>	<input type="checkbox"/> <b>No observation</b>
INTRAORAL	Record Condition and Location
<p><b>C. Mucosa/Alveolar Ridge/Lips</b></p> <p>(lesions, chemical/physical irritation exostosis, amalgam tattoo, swelling, intraoral piercings, hematoma or palpable nodules.)</p>	<input type="checkbox"/> <b>No observation</b>
<p><b>D. Tongue</b></p> <p>(hairy tongue, fissured tongue, loss of papilla, geographic tongue, glossitis, piercings, palpable nodules, lesions)</p>	<input type="checkbox"/> <b>No observation</b>
<p><b>E. Floor of Mouth/Palate/Oral Pharynx</b></p> <p>(tori, lesions, hematoma, chemical/physical irritation, ankyloglossia, amalgam tattoo)</p>	<input type="checkbox"/> <b>No observation</b>