

## **Oral Cancer Screening Checklist**

Check off as you perform each step.

If findings are positive, take a photo.

Note onset, duration, number, size, texture, color, type.

If this is completed on every patient, liability will be greatly reduced.



**Extra-oral** Say, “I’m doing an intra and extra oral exam which includes an oral cancer screening.” Ask permission to touch face and neck.

**Head:** Symmetry

Skin: face

nose

ears

neck

hairline

Lips: vermillion border

Scalp

**Neck** Parotid                    \*A positive node may be the first and only clinical sign of oropharyngeal cancer.

SCM

Submandibular

Midline

Larynx

Thyroid

Submental

### **Intra-oral**

Lips/depth of vestibule

Cheeks

Frenum

Tongue: anterior

posterior

lateral

dorsal

ventral

base

Floor of the mouth

Hard Palate

Soft Palate

Oropharynx

Tonsillar pillar

TMJ palpation

**All computer management systems allow for setting up ‘clinical notes’ so an oral cancer screening protocol can be added to patient records.**