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.