

SURGICAL ORAL PATHOLOGY



DEPARTMENT OF ORAL PATHOLOGY
FACULTY OF DENTISTRY,
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Department	
Clinic	
Attend, Staff	Resident

Pathology report to be delivered to
(if different from above)

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Surgical Oral Pathology No.

Name..... Age..... Birthdate.....

Sex..... Race..... H.N..... Occupation..... Biopsy site.....

Characteristics of lesion (shape, size, color, consistency, surface character, border, location)

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Type of operation (partial/complete excision)

Summary of History (Chief complaint, duration, progress, prior treatment, medications etc.)

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Radiographic findings (unilocular, multilocular, radiolucent, radiopaque, border, bone extension or destroy any parts of mandible or maxilla, and etc.)

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Clinical Diagnosis

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Previous pathology No.

Remarks:

Requested by..... Date/...../.....