เลขที่ F-WI-RG-002/01

SURGICAL ORAL PATHOLOGY

DEPARTMENT OF ORAL PATHOLOGY
FACULTY OF DENTISTRY,
CHULALONGKORN UNIVERSITY,
34 HENRI DUNANT ROAD,
BANGKOK 10330, THAILAND

Department	
Clinic	
Attend, Staff	Resident

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

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(ข้อมูลสำคัญ จำเป็นต้องกรอกให้ครบถ้วน)* 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) .....

History of cancer ☐ No ☐ Yes, specify organ .....

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 of specimen collection...../...../.....