Lab Number:

Biopsy Examination Request

Patient's Name:

- ☐ Patient Code No.:……..
- ☐ Occupation: …….
- ☐ Age: ……...
- ☐ Sex: ☐ M ☐ F *(Pregnancy in females:* ☐ No ☐ Yes)
- ☐ Marital Status: ☐ Married ☐ Single
- ☐ Patient's Address……
- ☐ (☎_____)

- ☐ Date: …..... /…... /20…...
- ☐ Referral Department: ……...……
- ☐ Supervisor's Name: ……..…….……
- ☐ Surgeon Name:……
- ☐ (☎_____)

Patient's Medical History:

☐ None; none of the conditions below apply to the patient.

☐ Diabetes Mellitus (type/treatment)..... ☐ Cancer (type/treatment)……...……..

☐ Kidney diseases ☐ HPV ☐ Hepatitis (type/treatment)……...……

☐ HIV ☐ Arthritis ☐ Autoimmune disorder……

☐ Other conditions:……

Allergies: ☐ No ☐ Yes, ***if yes*** please clarify it: ……...……..

Prescription Medicines: ☐ No ☐ Yes, ***if yes*** please mention them: ……« ……...……..…

Dental History:

Oral hygiene: ☐ good ☐ poor Wears appliances: ☐ No ☐ fixed ☐ Removable ☐ Orthodontic

Malocclusion: ☐ No ☐ Yes Had any head, neck or jaw injuries: ☐ No ☐ Yes

Had any difficult extractions: ☐ No ☐ Yes clicking, popping of the jaws: ☐ No ☐ Yes

Difficulty in opening or closing the jaws: ☐ No ☐ Yes pain (joint, ear, side of face) : ☐ No ☐ Yes

History of other oral lesions ☐ No ☐ Yes, ***If yes*** please explain it: ……..……..

Habitual information:

☐ None of the conditions below apply to the patient.

☐ Smoking ☐ spicy food consumption ☐ lip /cheek biting ☐ Bruxism ☐ Other……..……

Origin of the lesion: ☐ **Intra bony** ☐ **Extra bony**

Biopsy type:

☐ **Excisional:** ☐ enucleation ☐ excision ☐ curettage ☐ resection with safety margin ☐ others……..

☐ **Incisional:** ☐ wedge ☐ punch ☐ buccal bone window ☐ Associated with marsupialization

☐ from extraction socket ☐ from perforation site ☐ from the center of the lesion

☐ from the periphery of the lesion ☐ from multiple sites……

☐ others……..

☐ **Site:** ……. **Subsite:**……...	☐ **Duration:** ……...……
☐ **Size:** ……..…….…….	☐ **Colour:**……...

Chief Complaint:…..…….……

……..……

Lesion's History:

☐ Pain: ☐ No ☐ Yes ……..…….….

☐ Prior occurrence: ☐ No ☐ Yes ➡ prior diagnosis: ……..……

☐ Prior diagnosis was done at ……..……..…..……

Lymph nodes examination:

☐ Non- palpable ☐ Palpable ☐ Painful ☐ Fixed ☐ Consistency (soft/ rubbery/ hard) ☐ Size: ……..

Clinical Appearance: ……...…...

……

Related teeth:	**Condition of related teeth:** ☐ Loose ☐ vital ☐ non- vital ☐ impacted ☐ discolored ☐ fractured ☐ extracted

Radiographic appearance: ……..……..……...

……..…

Other investigations and remarks:

……..……..……...……...

Biopsy Examination Request

Gross Examination	
Specimen received in: ☐ **Formalin** ☐ **Saline** ☐ **Alcohol** ☐ **Other** ……	
☐ **Number of parts:** _____ ☐ **Size:** ___X___X ___ cm ___X___X ___ cm ___X___X ___ cm	☐ **Color:** ……..…… ☐ **Surface Texture:** ……..…… ☐ **Consistency:** ..……..…… ☐ **Cut section:** (Cystic – Solid)
X-ray received: ☐Yes ☐No **Clinical photos**: ☐Yes ☐No	**Type**: (Periapical – Panorama –Occlusal - CT – CBCT – Other) **No. of Blocks:**
Additional Comments and Information:	

Signature:

اتجاه صب العينة: _____ **ملاحظات الطبيب للفنى:** _____

الفنى القائم بتحضير العينة:_____