Physical Exploration

Patient Name:_____ Date:___/___/___

Height:___ Weight:___ F.C.___ F.R.___ T.A.___

Temp:____ Blood Type:____

Extraoral Examination

Lower Third:

_____

_____

_____

Middle Third:

_____

_____

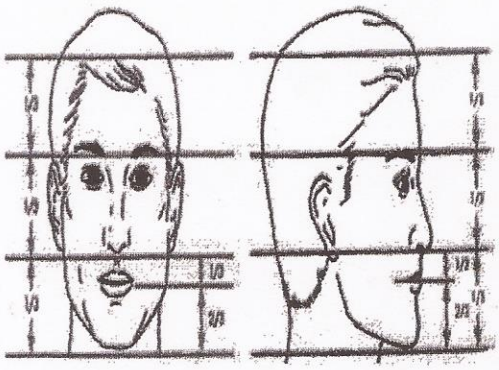
_____

Upper Third:

_____

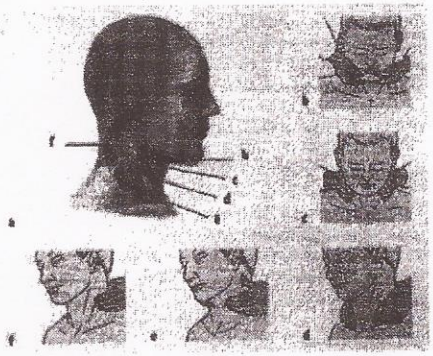
_____

_____



Lymph Nodes

Lymphs	Consistency	Sensitivity	Mobility
Submental			
Mandibular Angle			
Supraclavicular			
Nuchal			



Consistency:

Soft:B Fluctuating: F Resistent: R

Sensitivity: S Pain: P Painless: PL

Mobility: Normal :N Mobility: Abnormal : AN

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