

For reports call 1-800-992-8801

Patient: [REDACTED]

---

Date of Birth: [REDACTED]      Sex: Male      Ethnic Origin: Caucasian

PHN: [REDACTED]      Other: \_\_\_\_\_

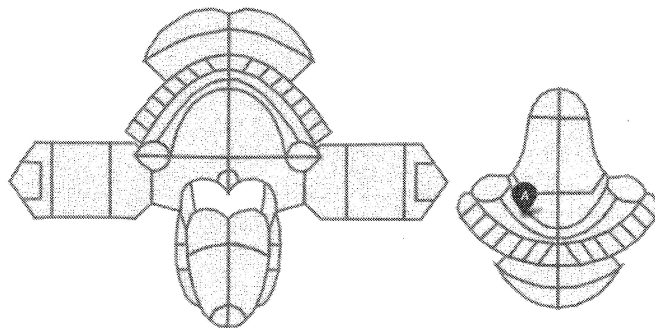
Date of Biopsy: 2020-Jan-16      Image: No

**Clinical History**

(2020011617) 31 y/o with no previous biopsy history

Tobacco: Smokes 2 cigarettes per day for 0 years, quit for 0 years ago      Alcohol:  $\geq 2$  drinks per day

**Biopsy A:** R. Mandibular lingual gingiva, No Symptoms, Clinical Size 0 ~ 1 cm, Pigmented, Appears Smooth, For 6 Month(s) 1 Year(s)
   
**Clinical Diagnosis: Oral Melanotic Macule**



Additional Comments:

Submitting Physician:

[REDACTED]

College ID:

[REDACTED]

Signature:

\_\_\_\_\_

Copy To:

Oral Biopsy Service Registry