

Name :
Doctor :
Department :

Age / Sex : /
MR No.:
Date of Visit:

OTOLOGY CHART

History

Previous Surgery

Examination

Ear

Nose

Throat

Diagnosis**Procedure****Findings**

Ext.Canal

T.M.

Flaps

Middle Ear Mucosa

Chorda

Attic

Antrum

Mastoid Air Cells

Tegmen Plate

Lateral Sinus

Ossicles

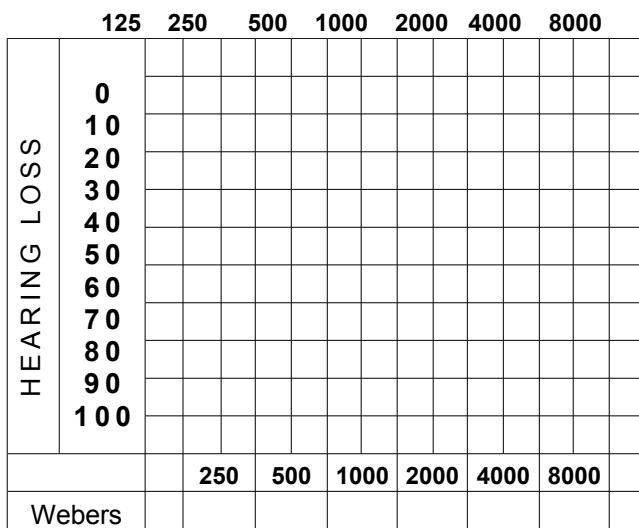
Eust tube Orifice

Facial Nerve

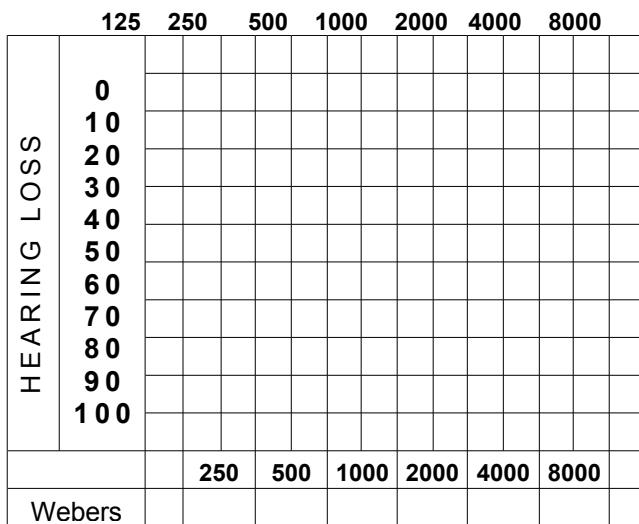
Complications**Type Of Reconstruction**

AUDIOLOGICAL EVALUATION

PURE TONE RIGHT



PURE TONE LEFT



Rt

Lt

FOLLOW UP

SRT	<input type="text"/>	<input type="text"/>
SDS	<input type="text"/>	<input type="text"/>
SPECIAL TESTS		
	Rt	Lt
SISI	<input type="text"/>	<input type="text"/>
ABLB	<input type="text"/>	<input type="text"/>
TD	<input type="text"/>	<input type="text"/>
OTHER TESTS	<input type="text"/>	<input type="text"/>

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