

ENT Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	ReshmaS General
			Date	:	2024-03-01

Name:Alston Rebello Age:27 Tele:971506245967 Date:2024-03-01

SexMale Occupation:ss NationalityIndian Insurance :ADNIC

Clinical History:

Chief Complaints NA

Ear : ss

Nose : ss

Throat: ss

Ears

Rt. Lt



s s

☒ Renne R ☒ L ☐ Nystg R ☐ 1 ☒ 2 ☐ 3/L ☐ 1 ☐ 2 ☐ 3

☐ Weber R ☐ L ☐ Romberg N ☐ Ab

☐ Barany R ☒ L ☐ Uttenborg N ☐ Ab ☐ R ☐ L

☐ Gait N ☐ Ab

Nose

Ext :s Bony:s Ab Cartillage : Ab Tip:s Ab

Internal:Mucosa : ☐NOR ☐ Allg ☐Congs ☐VMR

Septum : ☐ML ☐ Deviated R ☐L ☐S-shaped ☐ C-shaped ☐Spurr

Turbinate:

Right :
☐N

☐H

Left :
☐N

☐H

Endoscopy:

OM.C :

Right :s

Left :s

N.F.R :

Right :s

Left :s



s

Tender:

☐YES

☐No

Throat:

Tonsills :

☐N

☐/ 1

☐2

☐3

☐/ K

Adenoids:s

Acute:s

Chronic:s

Pharyax: : :s

Teeth & Jaws:s

Larynx:

☐Mirror

☐Flexible

☐Rigid Ends



s

Neck:

☐Node N

☐Ab

s

☐Thyroid N

☐Ab

Investigations :

P.T.As

Positional sNode N

Tympanometry:

☐R

☐a

☐b

☐c

☐L

☐a

☐b

☐c

Epleys

Others

X-ray:

s

Lab:

s

Skin Allergic Test :

s

D.Diagnosis:

s

Treatments _____ and
Procedures :


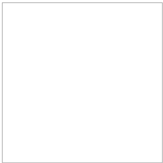
s

Prescription:

s

Plan:

s

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-03-01 (11:45 - 12:00)	Doctor Name ReshmaS General - ENT (g5698) Date 2024-03-01 (11:45 - 12:00)

