

## ENT Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	ReshmaS General
			Date	:	2024-01-30

Name:Reshma Siya      Age:28      Tele:971522058819      Date:2024-01-30

SexFemale      Occupation:F      NationalityOther      Insurance :ADNIC

### Clinical History:

Chief Complaints NA

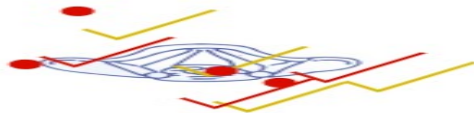
Ear :F

Nose : F

Throat:F

### Ears

Rt.      Lt



F	F
<input checked="" type="checkbox"/> Renne R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> Nystg R <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3/L <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	
<input checked="" type="checkbox"/> Weber R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> Romberg N <input checked="" type="checkbox"/> Ab	
<input checked="" type="checkbox"/> Barany R <input checked="" type="checkbox"/> L <input type="checkbox"/> Uttenborg N <input checked="" type="checkbox"/> Ab <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	
<input checked="" type="checkbox"/> Gait    N <input checked="" type="checkbox"/> Ab	

### Nose

Ext :F	Bony:F Ab	Cartillage :F Ab	Tip:F Ab
Internal:Mucosa :	<input checked="" type="checkbox"/> NOR	<input checked="" type="checkbox"/> Allg	<input checked="" type="checkbox"/> Congs
Septum :	<input checked="" type="checkbox"/> ML	<input checked="" type="checkbox"/> Deviated R	<input checked="" type="checkbox"/> L
		<input checked="" type="checkbox"/> S-shaped	<input checked="" type="checkbox"/> C-shaped
Turbinate:			<input checked="" type="checkbox"/> Spurr

Right :

☒N

☒H

Left :

☒N

☒H

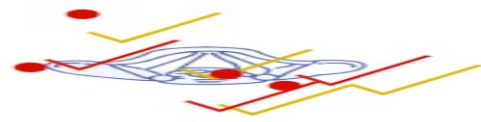
Endoscopy:

OM.C :

Right Left  
:F :F

N.F.R :

Right Left  
:F :F



F

Tender:

☐ YES

☐ No

Throat:

Tonsills :

☒N

☒/ 1

☒2

☒3

☒/ K

Adenoids:F

Acute:F

Chronic:F Ab

Pharyax: : :F Ab

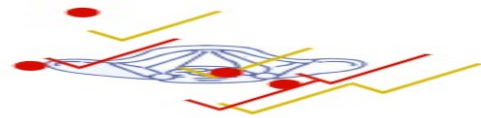
Teeth & Jaws:F Ab

Larynx:

☒Mirror

☒Flexible

☒Rigid Ends



F

Neck:

☒Node N

☒Ab

F

☒Thyroid N

☒Ab

Investigations :

P.T.AF

Positional FNode N

Tympanometry:

☒R<

☒a

☒b

☒c

☒L<

☐a

☐b

☐c

EpleyF

OthersF

X-ray:F

Lab:S

Skin Allergic Test :S

D.Diagnosis: S

Treatments and Procedures : SS


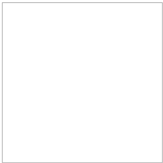
Prescription: S

Plan: S

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT

DOCTOR

	
<div>Patient Name Reshma Siya</div> <div>Date 2024-01-30 08:15</div>	<div>Doctor Name ReshmaS General - ENT (g5698)</div> <div>Date 2024-01-30 08:15</div>

