| | ENT Form | | | | | | | |
|--------------|----------|-----------|---------------|---|-----------------|-------------|---|--------------------|
| Patient Name | : | Alston Re | ebello | | | Emirates ID | : | 784-1991-2906159-3 |
| File No | : | 17 | DOB | : | 1996-06-20 | Nationality | : | Indian |
| Gender | : | Male | Doctor's Name | : | ReshmaS General | Date | : | 2024-01-30 |

| Name:Alston Rebello | Age:27 | | Tele:97 | 1506245967 | Dat | e:2024-0 | 1-30 |
|---------------------|---------------|-------------|----------|-------------|-------|-----------|-----------|
| SexMale | Occupation: | f | Nationa | alityIndian | Ins | urance :A | l Buhaira |
| Clinical History: | | | | | | | |
| Chief Complaints NA | | | | | | | |
| Ear:f | | | | | | | |
| Nose : f | | | | | | | |
| Throat:f | | | | | | | |
| <u>Ears</u> | | | | | | | |
| Rt. | | | Lt | | | | |
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| f | | | f | | | | |
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| □ Weber R | Г | Ţ L | □ Rom | berg N | | | Ab |
| ☐ Barany R | □ L | ☐ Uttenborg | N | ∏Ab | □R | | □L |
| ☐ Gait N | | | □ Ab | | | | |
| <u>Nose</u> | | | | | | | |
| Ext :f | Bony:f Ab | | Cartilla | ge :f Ab | Tip | :f Ab | |
| Internal:Mucosa : | NOR | ☐ Allg | | □Congs | | □VMR | |
| Septum : □ML | □ Deviated | d R □L | ı | S-shaped | ☐ C-s | shaped | □Spurr |

Turbinate:

| | | Left |
|---------|----|------|
| Right : | | : |
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| | | N H |
| | | |

| PATIENT | DOCTOR | | | | |
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| | | | | | |
| | | | | | |
| Patient Name | Doctor Name | | | | |
| Alston Rebello | ReshmaS General - ENT (g5698) | | | | |
| Date 2024-01-30 21:15 | Date 2024-01-30 21:15 | | | | |

