ENT Form								
Patient Name	•••	Reshma Siy	Reshma Siya				:	784-6478-3648736-8
File No		4	DOB	:	1995-05-21	Nationality	:	Other
Gender		Female	Doctor's Name	:	ReshmaS General	Date	:	2024-03-01

Name:Reshma Siya	Age:28		Tele:9715	22058819	Date	:2024-03-01	Ĺ
SexFemale	Occupation:		Nationality	Other/	Insur	rance :ADNI	С
Clinical History:							
Chief Complaints	NA						
Ear:							
Nose:							
Throat:							
<u>Ears</u>							
Rt.			Lt				
☐ Renne R ☐ L	□ Nystg R	□ 1	□ 2	□ 3/L	□ 1	□ 2	3
□ Weber R		L	☐ Romber	g N		∏Ab	
☐ Barany R	□ L	☐ Uttenborg	N	∏Ab	∏R	ΠL	
☐ Gait N			□ Ab				
Nose							
Ext:	Bony: Ab		Cartillage	: Ab	Tip: /	Ab	
Internal:Mucosa : □NC)R	☐ Allg		□Congs		□VMR	
Septum : □ML	□ Deviated	R □L	□S-	shaped	□ C-sh	aped \Box	Spurr

Turbinate:

Right : □N		⊏Н			Left: □N			□Н	
Endoscopy:									
OM.C: N.F.R:			Right : Right :				Left : Left :		
Tender:			CYES				C No		
Throat:	Tonsills :	□N		/ 1	2		3	□/ K	Adenoids:
Acute:		Chronic:			Phary	ax:::		Teeth & Ja	ws:
Larynx:		∏Mirror			□Flex	ible		□Rigid End	Is
Neck:		□Node I	N \Box A	b			Г	Thyroid N	∏Ab
Investigatio	ns :		P.T.A				Positio	nal Node N	
Tympanome	try:		□R □L	□a □a	□b □b	□c □c	Epley		
Others									
X-ray:									
<u>Lab:</u>									
Skin Allergic	:Test:								
<u>D.Diagnosis</u>	<u>:</u>								
<u>Treatments</u> <u>Procedures</u> :	<u>an</u>	<u>d</u>							
<u>Prescription</u> :	<u>.</u>								
<u>Plan:</u>		iii							

Sign here, only if all of your questions have been answered to your satisfaction						
PATIENT	DOCTOR					
Patient Name Reshma Siya	Doctor Name ReshmaS General - ENT (g5698)					
Date 2024-03-01 (09:45 - 10:00)	Date 2024-03-01 (09:45 - 10:00)					

