

ENT Form

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

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

SexFemale Occupation:ghghg NationalityOther Insurance :ADNIC

Clinical History:

Chief Complaints NA

Ear : fh

Nose : fh

Throat: fhf

Ears

Rt. Lt



fhf fhf

☒ 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 :gg Bony:gjj Ab Cartillage :gj Ab Tip:gjh 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 :gjj

Left :gj

N.F.R :

Right :gjgj

Left :gj



gjg

Tender:

☒ YES

☐ No

Throat:

Tonsills :

☒N

☒/ 1

☒2

☒3

☒/ K

Adenoids:gj

Acute:gj

Chronic:gjjg

Pharyax: : :gj

Teeth & Jaws:gj

Larynx:

☒Mirror

☒Flexible

☐Rigid Ends



gjj

Neck:

☒Node N

☐Ab

jgj

☒Thyroid N

☐Ab

Investigations :

P.T.A

Positional gjgNode N

Tympanometry:

☒R

☒a

☒b

☒c

☒L

☒a

☒b

☒c

Epleyjj

Othersgjg

X-ray:

gj

Lab:

gjgj

Skin Allergic Test :

gj

D.Diagnosis:

gjj

Treatments _____ and
Procedures :


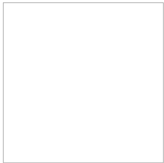
jgj

Prescription:

gjgjg

Plan:

gjj

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Reshma Siya Date 2024-01-30 (08:15 - 08:30)	Doctor Name ReshmaS General - ENT (g5698) Date 2024-01-30 (08:15 - 08:30)

