

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	:	2024-01-30

Name:Alston Rebello Age:27 Tele:971506245967 Date:2024-01-30
 SexMale Occupation:S NationalityIndian Insurance :Al Buhaira

Clinical History:

Chief Complaints NA

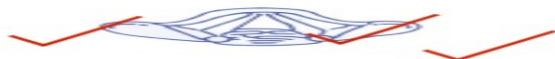
Ear : S

Nose : S

Throat: S

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 Cartilage :S 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 :

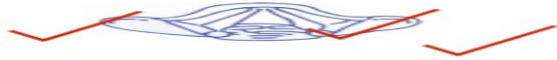
Right :S

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

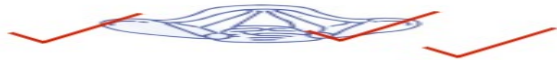
Teeth & Jaws:S

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

OthersS

X-ray:

S

Lab:

S

Skin Allergic Test :

S

D.Diagnosis:

S

Treatments _____ and
Procedures :



S

Prescription:

SS

Plan:

S

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-01-30 22:30	Doctor Name ReshmaS General - ENT (g5698) Date 2024-01-30 22:30

