

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:T NationalityIndian Insurance :ADNIC

Clinical History:

Chief Complaints NA

Ear : T

Nose : T

Throat: T

Ears

Rt. Lt



T T

☒ 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 :T Bony:T Ab Cartilage :T Ab Tip:T 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 :T

Left :T

N.F.R :

Right :T

Left :T



T

Tender:

☒ YES

☐ No

Throat:

Tonsills :

☒N

☒/ 1

☒2

☒3

☒/ K

Adenoids:T

Acute:T

Chronic:T

Pharyax: : :T

Teeth & Jaws:T

Larynx:

☒Mirror

☒Flexible

☒Rigid Ends



T

Neck:

☒Node N

☒Ab

T

☒Thyroid N

☒Ab

Investigations :

P.T.AT

Positional TNode N

Tympanometry:

☒R<

☒a

☒b

☒c

☒L<

☒a

☒b

☒c

EpleyT

OthersT

X-ray:

T

Lab:

T

Skin Allergic Test :

T

D.Diagnosis:

T

Treatments _____ and
Procedures :



T

Prescription:

T

Plan:

T

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-01-30 13:00	Doctor Name ReshmaS General - ENT (g5698) Date 2024-01-30 13:00

