				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		2024-01-29

Name:Alston Rebello	Age:27		Tele:97	1506245967	Date	e:2024-01	-29
SexMale	Occupation	:d	Nationa	lityIndian	Inst	ırance :AD	NIC
<u>Clinical History:</u>							
Chief Complaints NA							
Ear:dd							
Nose : d							
Throat:							
<u>Ears</u>							
Rt.			Lt				
d			d				
☐ Renne R ☐ L	□ Nystg R	□ 1	□ 2	□ 3/L	□ 1	□ 2	□ 3
□ Weber R	Г	Ţ L	□ Romb	perg N		ΠА	.b
☐ Barany R	□ L	☐ Uttenborg	N	□Ab	□R		L
☐ Gait N			□ Ab				
<u>Nose</u>							
Ext:	Bony: Ab		Cartillag	je : Ab	Tip:	Ab	
Internal:Mucosa :	□NOR	☐ Allg		□Congs		□VMR	
Septum : □ML	□ Deviated	d R <sup>□L</sup>		]S-shaped	□ C-s	haped	□Spurr

Turbinate:

		Left
Right :		:
□N	□H	□ □ N H

DOCTOR	PATIENT
Doctor Name naS General - ENT (g5698)	Patient Name Alston Rebello
Date 2024-01-29 19:30	Date
	Date 2024-01-29 19:30

