

## ENT Form

Patient Name	:	tousif toplife	Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB	:	2021-06-16
Gender	:	Male	Doctor's Name	:	ReshmaS General
			Date	:	2024-01-30

Name:tousif toplife      Age:2      Tele:971563687976      Date:2024-01-30

SexMale      Occupation:H      NationalityOther      Insurance :Daman

### Clinical History:

Chief Complaints      NA

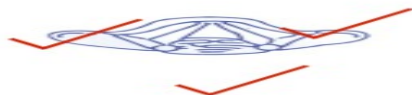
Ear :      J

Nose :      D

Throat:      D

### Ears

Rt.      Lt



D      D

☒ 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 :D      Bony:D Ab      Cartilage :D Ab      Tip:D 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 :

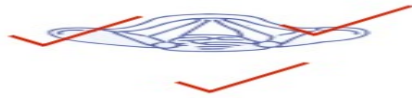
Right :D

Left :D

N.F.R :

Right :D

Left :D



D

Tender:

☒ YES

☐ No

Throat:

Tonsills :

☒N

☒/ 1

☒2

☒3

☒/ K

Adenoids:D

Acute:D

Chronic:D Ab

Pharyax: : :D Ab

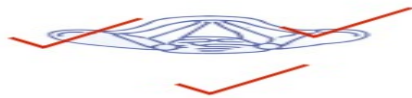
Teeth & Jaws:D Ab

Larynx:

☒Mirror

☒Flexible

☒Rigid Ends



D

Neck:

☒Node N

☒Ab

D

☒Thyroid N

☒Ab

Investigations :

P.T.AD

Positional Node N

Tympanometry:

☒R<

☒a

☒b

☒c

☒L<

☒a

☒b

☒c

EpleyD

OthersD

X-ray:

D

Lab:

D

Skin Allergic Test :

D

D.Diagnosis:

D

Treatments and

D

Procedures :

D

Prescription:

D


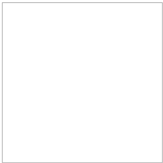
Plan:

D

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT

DOCTOR

	
<div>Patient Name tousif toplife</div> <div>Date 2024-01-30 10:00</div>	<div>Doctor Name ReshmaS General - ENT (g5698)</div> <div>Date 2024-01-30 10:00</div>

