ENT Form								
Patient Name	•••	hima bindhu	ıima bindhu		Emirates ID		784-3229-9977333-3	
File No		10	DOB	:	2000-09-29	Nationality	:	Other
Gender		Female	Doctor's Name	:	ReshmaS General	Date	:	2024-02-19

Name:hima bindhu	Age:23	Tele:971508653236	Date:2024-02-19
SexFemale	Occupation:	NationalityOther	Insurance :ADNIC
Clinical History:			
Chief Complaints	NA		
Ear:			
Nose:			
Throat:			
<u>Ears</u>			
Rt.		Lt	
□ 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:	Bony: Ab	Cartillage : Ab	Tip: Ab
Internal:Mucosa : □NC	OR	□Congs	□VMR
Septum : □ML	□ Deviated R □L	□S-shaped	☐ C-shaped ☐Spurr

Turbinate:

Right : □N		∏H			Left: □N			∏H	
Endoscopy:									
OM.C: N.F.R:			light : light :				Left : Left :		
	<								
Tender:		c	YES				C No		
Throat:	Tonsills :	□N	□/:	1	□2	□3		□/ K	Adenoids:
Acute:		Chronic:			Pharyax:	:::		Teeth & Jaw	rs:
Larynx:		∏Mirror			□Flexibl	е		□Rigid Ends	5
	<								
Neck:		□Node N	∏Ab				<u> </u>	hyroid N	∏Ab
Investigation	ns:	Р	T.A				Position	al Node N	
Tympanomet	try:		R L	□a □a		□c □c	Epley		
Others									
X-ray:									
<u>Lab:</u>									
Skin Allergic	Test:								
D.Diagnosis:	<u>:</u>								
<u>Treatments</u> <u>Procedures</u> :	and -	<u>i</u>							
<u>Prescription:</u>	_								

<u>Plan:</u>

Sign here, only if all of your questions have been answered to your satisfaction					
PATIENT	DOCTOR				
Patient Name hima bindhu Date 2024-02-19 (10:00 - 10:15 )	Doctor Name ReshmaS General - ENT (g5698) Date 2024-02-19 (10:00 - 10:15 )				

