



KULAK BURUN BOĞAZ HASTALIKLARI

HASTA MUAYENE FORMU

Doküman Kodu	KLN.FR.036
Yayın Tarihi	07.01.2016
Revizyon No	0
Revizyon Tarihi	0
Sayfa No	1 / 2

PROTOKOL NO:

TARİH:/...../.....

Adı Soyadı :

Yaş :

DOKTOR:

ANAMNEZ

ikayeti:

Öyküsü:

Özgeçmişi:

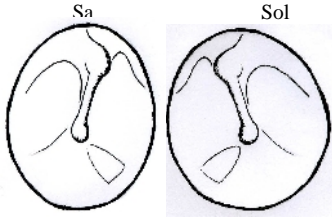
Soygeçmişi:

Ali kanlıkları:

Allerjik Durum:

ilaç Kullanımı:

F Z K MUAYENE

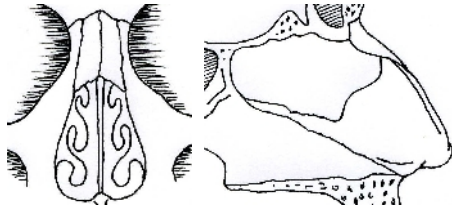


Otoskopi:

WEBER:

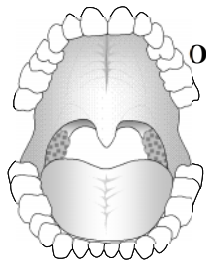
R NNE: SA (...) / SOL(...)

VALSALVA: SA (...) SOL (...)

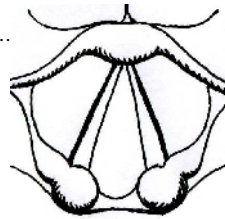


Anterior Rinoskopi:

Nazofarenks:

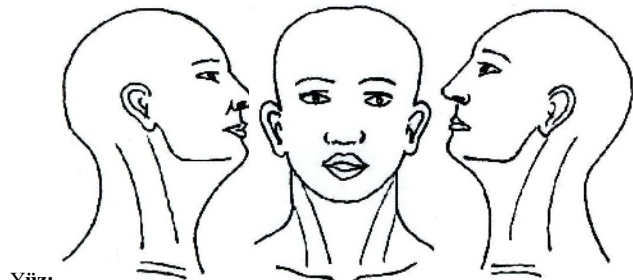


Orofarenks:



Larenks:

Bağ ve Boyun:



Yüz:

TANI:

PLANLANAN TEDAVİ :

