

Dental External Referral Form

Patient Name	:	khloud sharfi				Emirates ID	:	
File No	:	8286	DOB	:	1900-01-01	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME:: khloud

CONTACT NO.:50 650 9950

AGE :124

Referring Healthcare professional : Dr Nadir El Tayeb

☒ Emergent (send patient to ED)

☒ Urgent (24-72 hours)

☐ Routine (next available)

Interpreter needed:

☐ YES☐ No☐ X-rays emailed

☐ X-rays with patient

☒ Need X-rays (please send X-rays to €|€|.yoland.com)

Reason for Referral:



Consultation radion

☐ ☒ Endo: RCT ☐

Comprehensive only ☐ Endo: Extractions

care ☐ Crowns RCT, permanent ☐

☐ Bridges ☐ restoration/crown Sedation ☐

Denture: ☐ Periodontal Special

Complete ☐ care ☒ Implants: needs

Denture: ☐ Surgical ☐ only ☐ (specify)Partial Implants: type):

Denture: Surgical and

Overdenture ☐ restorative ☐

Complex Orthodontic care

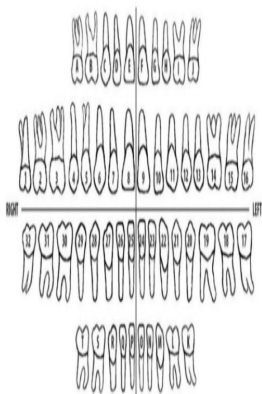
medical needs

Patients:

☐

Verbal

Non-verbal



☐ Please provide written report via Email

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

PATIENT

DOCTOR

	<div></div>
<div>Patient Name khloud sharfi</div> <div>Date 2024-06-03 (14:00 - 14:15)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-03 (14:00 - 14:15)</div>