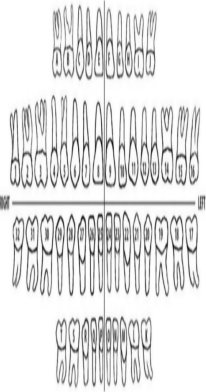


Dental External Referral Form								
Patient Name	:	khloud sharfi			Emirates ID	:		
File No	:	8286	DOB	:	1900-01-01	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

AGE :124

Reason for Referral: ☐ Consultation ☒ Consultation radion

- ☐ Comprehensive care
- ☐ Crowns
- ☐ Bridges
- ☐ Denture: Complete
- ☐ Denture: Partial
- ☐ Denture: Overdenture
- ☐ Complex medical needs
- ☐ endo: rct only
- ☐ endo: rct, permanent restoration/crown
- ☐ periodontal care
- ☐ implants: surgical only
- ☒ implants: surgical and restorative
- ☐ orthodontic care



☐ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name khlood sharfi Date 2024-06-03 (12:45 - 13:45)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (12:45 - 13:45)