

Dental External Referral Form									
Patient Name	:	BINNY SUSAN PONNACHAN KANJIRAMNILKKUNNATHIL GEORGE PONNACHAN				Emirates ID	:	784-1975-6935932-2	
File No	:	7165	DOB	:	1975-03-14	Nationality	:	Indian	
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-12	

FULL NAME::BINNY SUSAN  
PONNACHANCONTACT NO.:971508435477AGE :49

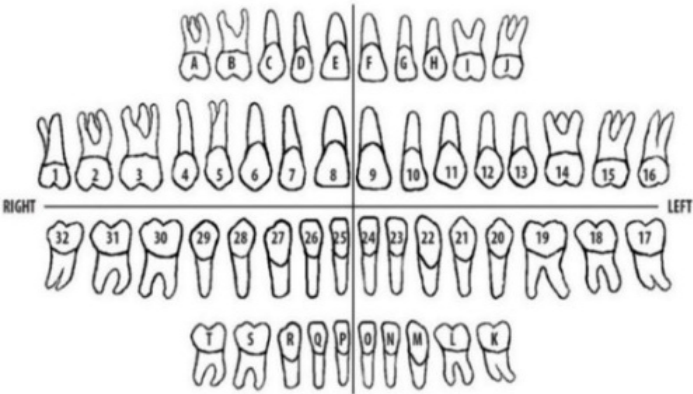
Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:  
☒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 [info@yoland.com](mailto:info@yoland.com))

Reason for Referral:  
☐Consultation☐radion  
☐Comprehensivecare☐Endo: RCT only☐Extractions  
☐Crowns☐Endo:RCT,Permanent☐Sedation  
☐Bridges☐Restoration/Crown☐Special needs (specify type):  
☐Denture:Complete☐Periodontal Care  
☒Denture: Partial☐Implants: Surgical only  
☐Denture:Overdenture☐Implants:Surgical Restorative  
☐Complex medical needs☐Orthodontic care

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</div> <div>BINNY SUSAN PONNACHAN KANJIRAMNILKKUNNATHIL GEORGE PONNACHAN</div> <div>Date</div> <div>2024-06-12 (10:00 - 11:00 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-12 (10:00 - 11:00 )</div>
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