

Dental External Referral Form								
Patient Name	:	Afnan Mohammad AL Balooshi		Emirates ID	:	999-9999-999999-9		
File No	:	2081	DOB	:	1991-06-11	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afnan Mohammad AL Balooshi

CONTACT NO.:505026663

AGE :32

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 [afnan.yoland.com](mailto:afnan.yoland.com))

Reason for Referral:

☒Consultation

☐radion

- ☐Comprehensivecare

☐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 Restorative

☐Orthodontic care
- ☐Extractions

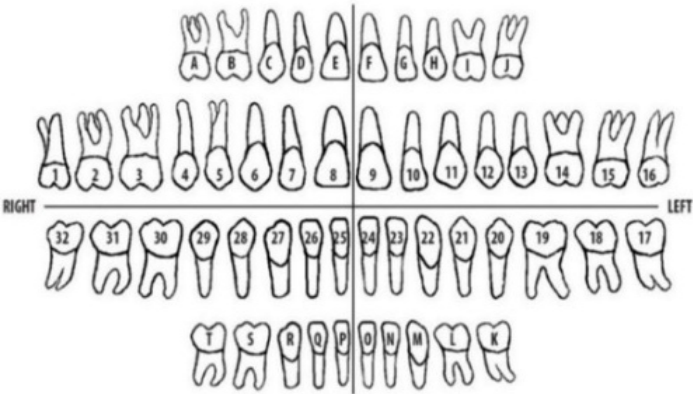
☐Sedation

☐Special needs (specify type):

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 Afnan Mohammad AL Balooshi  Date 2024-06-06 (08:45 - 09:00 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-06 (08:45 - 09:00 )</div>