

# 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 [info@yoland.com](mailto:info@yoland.com))Reason for Referral: ☐ 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
  
- ☐ extractions
- ☐ sedation
- ☐ special needs (specify type):
  
- ☐ Please provide written report via Email

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

<div>Patient Name</div> <div>khloud sharfi</div> <div>Date</div> <div>2024-06-03 (12:15 - 12:30 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-03 (12:15 - 12:30 )</div>
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