Dental External Referral Form									
Patient Name	:	Afra Matar A	l Ketbi(dubai fans)			Emirates ID	:	999-9999-99999-9	
File No	:	6516	DOB	:	1998-08-04	Nationality	:	Emirati	
Gender	:	Female	Doctor's Name		Dr Nadir El Tayeb	Date		2024-06-06	

CONTACT NO.:588849914	AGE :25								
Referring Healthcare professional : Dr Nadir El Tayeb									
This Referral is: ☑ Emergent (send patient to ED) ☑ Urgent (24-72 hours) ☑ Routine (next available)									
□X-rays emailed □X-rays with patient □Need X-rays (please send X-rays to …….yoland.com)									
Reason for Referral: Consultation radion									
☐ 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									
	Dr Nadir El Tayeb ☑ Urgent (24-72 hours) □ Endo: RCT only □ Endo: RCT, Permanent Restoration/Crown □ Periodontal Care ☑ Implants: Surgical only ☑ Implants: Surgical Restorative ☑ Orthodontic care ☑ Orthodontic care								

DOCTOR

PATIENT

Patient Name	Doctor Name
Afra Matar Al Ketbi(dubai fans)	Dr Nadir El Tayeb - Dental (DHA-T-00171042)
Date	Date
2024-06-06 (09:15 - 09:30)	2024-06-06 (09:15 - 09:30)