

| Dental External Referral Form |  |                                  |               |  |                   |             |                    |            |
|-------------------------------|--|----------------------------------|---------------|--|-------------------|-------------|--------------------|------------|
| Patient Name                  |  | AFRA BAKHIT SAEED BAKHIT THALOOB |               |  | Emirates ID       |             | 784-1990-5079473-6 |            |
| File No                       |  | 2703                             | DOB           |  | 1990-09-07        | Nationality |                    | Emirati    |
| Gender                        |  | Female                           | Doctor's Name |  | Dr Nadir El Tayeb | Date        |                    | 2024-06-06 |

FULL NAME::AFRA BAKHIT                      CONTACT NO.:971528009177                      AGE :33

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:  
☐Emergent (send patient to ED)                      ☒Urgent (24-72 hours)                      ☐Routine (next available)

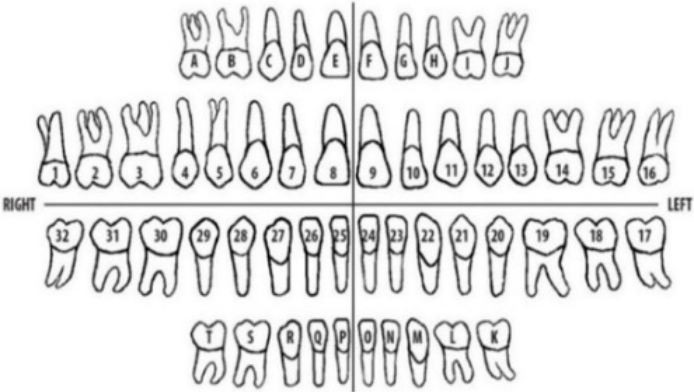
Interpreter needed:  
☐YES                      ☐No

☐X-rays emailed    ☐X-rays with patient    ☒Need X-rays (please send X-rays to [afra.yoland.com](mailto:afra.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</div> <div>AFRA BAKHIT SAEED BAKHIT THALOOB</div> <div>Date</div> <div>2024-06-06 (10:15 - 10:30 )</div> | <div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (10:15 - 10:30 )</div> |

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