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 â€¦â€¦.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
Patient Name khloud sharfi Date 2024-06-03 (14:15 - 14:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (14:15 - 14:30)