

Dental External Referral Form								
Patient Name	:	Haya Rahma Juma Bujaber Alfalasi		Emirates ID	:	784-1976-6919496-7		
File No	:	7953	DOB	:	1976-04-26	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Rachelle Ann Salac	Date	:	2024-06-10

FULL NAME::Haya Rahma CONTACT NO.:971504599795 AGE :48

Referring Healthcare professional : Rachelle Ann Salac

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

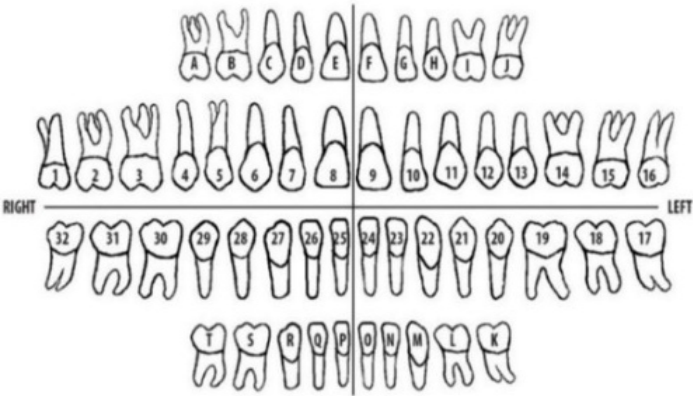
Interpreter needed:
☒YES ☐No

☐X-rays emailed ☐X-rays with patient ☐Need X-rays (please send X-rays to info@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>Haya Rahma Juma Bujaber Alfalasi</div> <div>Date</div> <div>2024-06-10 (11:00 - 11:30)</div>	<div>Doctor Name</div> <div>Rachelle Ann Salac - Laser (DHA-T-00219566)</div> <div>Date</div> <div>2024-06-10 (11:00 - 11:30)</div>
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