

Dental External Referral Form

Patient Name	:	Shamma Mohammed Khalifa	Emirates ID	:	999-9999-999999-9
File No	:	5417	DOB	:	1970-02-02
Nationality	:	Other			
Gender	:		Doctor's Name	:	Dr Nermin Salih
Date	:	2024-05-27			

FULL NAME::Shamma Mohammed Khalifa CONTACT NO.:505050503 AGE :54

Referring Healthcare professional : Dr Nermin Salih

PROPHYLACTIC

THERAPEUTIC

Complex medical needs::rf

EXAMINATION:

- ☐ X-rays emailed

☐ X-rays with patient

☐ Need X-rays (please send X-rays to rf.yoland.com)

☐ Comprehensive care

☐ Endo:RCT only

☐ Extractions

☐ Crowns

☐ Endo:RCT,Permanent Restoration/Crown

☒ Sedation

☐ Bridges

☐ Periodontal Care

☐ Special needs(specify type):

☐ Denture: Complete

☐ Implants: Surgical only

☐ Denture: Partial

☐ Implants:Surgical and Restorative

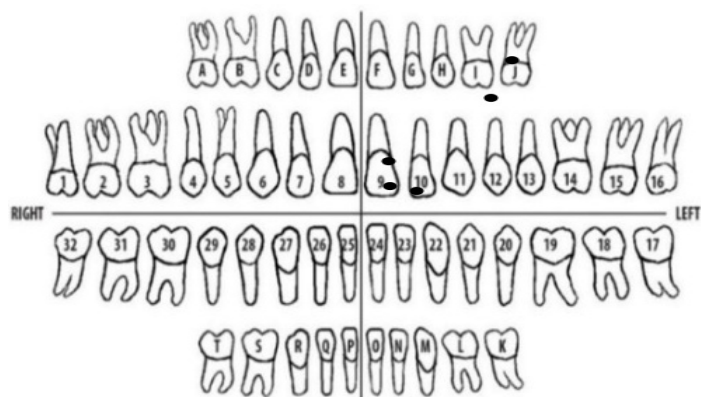
☐ Denture: Overdenture

☐ Orthodontic care

☒ Complex medical needs:

☐ Please provide written report via Email

Reason for ☐ Consultation ☐ radion Interpreter needed:: ☐ YES ☐ No Patient is ☒ verbal ☐ non-verbal



Evaluated by :Dr Nermin Salih

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

PATIENT	DOCTOR
	<div></div>
<div>Patient Name Shamma Mohammed Khalifa</div> <div>Date 2024-05-27 (11:30 - 12:00)</div>	<div>Doctor Name Dr Nermin Salih - Dermatology (DHA-T-00224440)</div> <div>Date 2024-05-27 (11:30 - 12:00)</div>

□