

Dental External Referral Form								
Patient Name	:	Afra Jasim Mohammad		Emirates ID	:	999-9999-999999-9		
File No	:	794	DOB	:	1996-08-09	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afra Jasim MohammadCONTACT NO.:501149985AGE :27

Referring Healthcare professional : Dr Nadir El Tayeb

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

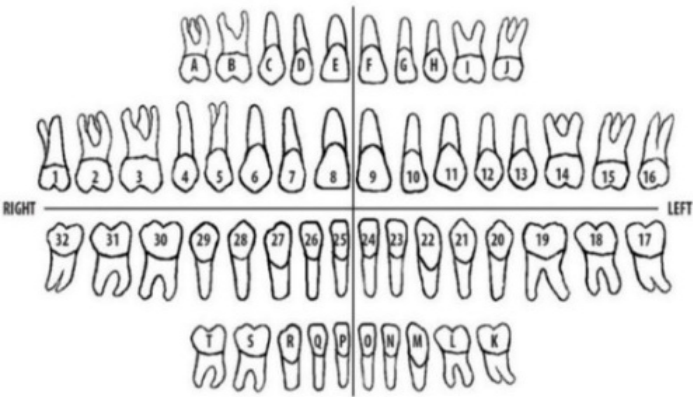
Interpreter needed::  
☐YES☐No

☐X-rays emailed☐X-rays with patient☐Need X-rays (please send X-rays to â€¦.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

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<div>Patient Name Afra Jasim Mohammad  Date 2024-06-06 (10:00 - 10:15 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-06 (10:00 - 10:15 )</div>