Dental External Referral Form

Patient Name	:	Afra Abdul Rahim Abdul Rahmman(80 Over)				Emirates ID	:	999-9999-999999-9
File No	:	2540	DOB	:	1999-08-11	Nationality	:	Comoran
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afra Abdul Rahim Abdul Rahmman(80 Over) CONTACT NO.:505642224 AGE :24

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€¦â€¦.yoland.com)

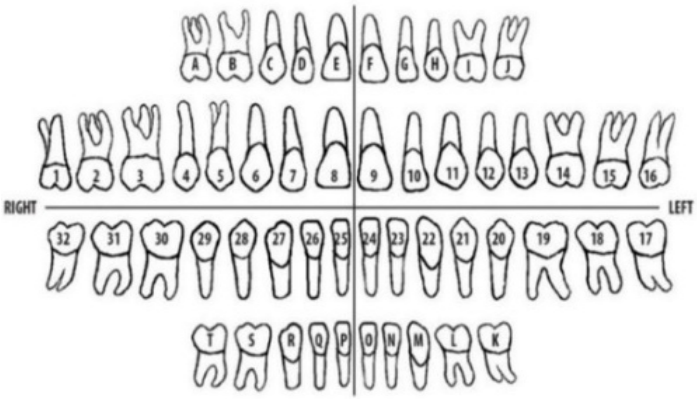
Reason for Referral:
☐ Consultation ☐ radion

☐ 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

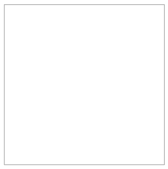
☐ Extractions
☐ Sedation
☐ Special needs (specify type):

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

	
Patient Name Afra Abdul Rahim Abdul Rahmman(80 Over) Date 2024-06-06 (11:15 - 11:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (11:15 - 11:30)