

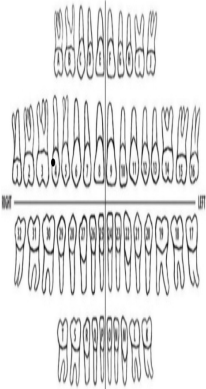
| Dental External Referral Form |   |               |               |   |                   |             |   |            |
|-------------------------------|---|---------------|---------------|---|-------------------|-------------|---|------------|
| Patient Name                  | : | khloud sharfi |               |   | Emirates ID       | :           |   |            |
| File No                       | : | 8286          | DOB           | : | 1900-01-01        | Nationality | : | Indian     |
| Gender                        | : | Male          | Doctor's Name | : | Dr Nadir El Tayeb | Date        | : | 2024-06-03 |

AGE :124

☒ X-rays emailed    ☒ X-rays with patient    ☐ Need X-rays (please send X-rays to "yoland.com")

- ☐ 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



☐ Please provide written report via Email

|  |   |
|--|---|
| Sign here, only if all of your questions have been answered to your satisfaction |   |
| PATIENT  | DOCTOR  |
|  | <div></div>   |
| Patient Name<br>khloud sharfi<br><br>Date<br>2024-06-03<br>(18:00 - 19:45 )      | Doctor Name<br>Dr Nadir El Tayeb<br>- Dental (DHA-T-00171042)<br><br>Date<br>2024-06-03<br>(18:00 - 19:45 ) |