

Dental External Referral Form								
Patient Name		: Afra Abdalla Alnaqbi			Emirates ID		: 999-9999-999999-9	
File No		: 4760	DOB		: 2020-12-08	Nationality		: Emirati
Gender		:	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-06

FULL NAME::Afra Abdalla Alnaqbi    CONTACT NO.:567788841    AGE :3

Referring Healthcare professional : Dr Nadir El Tayeb

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

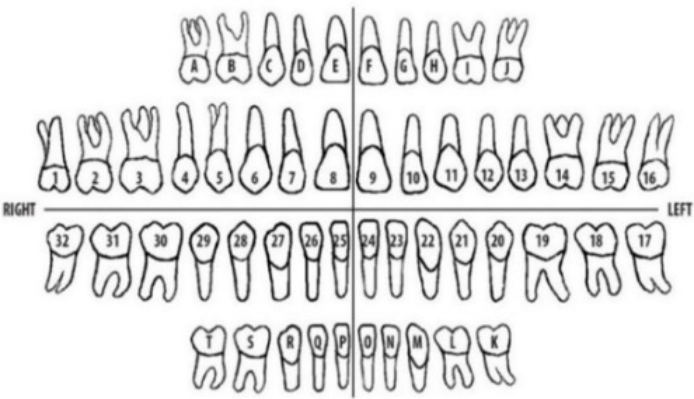
Interpreter needed:  
☐YES                      ☐No

☐X-rays emailed    ☐X-rays with patient    ☒Need X-rays (please send X-rays to [afra.yoland.com](mailto:afra.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 Afra Abdalla Alnaqbi  Date 2024-06-06 (09:15 - 09:30 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-06 (09:15 - 09:30 )</div>

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