

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

FULL NAME:: khloud

CONTACT NO.:50 650 9950

AGE :124

Referring Healthcare professional : Dr Nadir El Tayeb

☒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

☐Comprehensive care

☐Crowns

☐Bridges

☐Denture: Complete

☐Denture: Partial

☐Denture: Overdenture

☐Complex medical needs

☐endo: rct only

☐endo: rct, permanent restoration/crown

☐periodontal care

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☒implants: surgical only

☒implants: restorative surgical and

☒orthodontic care

☐extractions

☐sedation

☐special needs (specify type):

☐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 khloud sharfi</div> <div>Date 2024-06-03 (13:30 - 13:45 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-03 (13:30 - 13:45 )</div>