

Dental Internal 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	:	2024-06-05

FULL NAME:: khloud CONTACT NO.:50 650 9950 AGE :124

Referring Healthcare professional : Dr Nadir El Tayeb

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

☐X-rays emailed ☐X-rays with patient

Reason for Referral: ☒Consultation ☒radion

- ☒Comprehensivecare
- ☒Crowns
- ☐Bridges
- ☐Denture:Complete
- ☐Denture: Partial
- ☐Denture:Overdenture
- ☐Complex medical needs
- ☐Please provide written report
- ☐Endo: RCT only
- ☐Endo:RCT,Permanent Restoration/Crown
- ☐Periodontal Care
- ☐Implants:Surgical only
- ☐Implants:Surgical Restorative
- ☐Orthodontic care
- ☐no written report needed
- ☐Extractions
- ☐Sedation
- ☐Special needs (specify type):

Patients:
☒ Verbal ☒ Non-verbal

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name khloud sharfi Date 2024-06-05 (11:30 - 11:45)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-05 (11:30 - 11:45)