

| 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: surgical restorative and ☐ orthodontic care
☐ extractions ☐ sedation ☐ special needs (specify type):

☐ Please provide written report via Email

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|--|---|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
| | <div></div> |
| Patient Name khloud sharfi Date 2024-06-03 (13:00 - 13:15) | Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (13:00 - 13:15) |