

Dental External Referral Form								
Patient Name	:	AYSHA EBRAHIM ABDULLA ALMARZOOQI		Emirates ID	:	784-2001-5387597-4		
File No	:	5224	DOB	:	2001-10-31	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Lorly Gonazales	Date	:	2024-05-23

FULL NAME::AYSHA EBRAHIM CONTACT NO.:971555014474 AGE :22

Referring Healthcare professional : Lorly Gonazales

PROPHYLACTIC

THERAPEUTIC

Complex medical needs::dfvfv

EXAMINATION:

☐X-rays emailed

☒Comprehensive care

☐Crowns

☐Bridges

☐Denture: Complete

☒Implants:Surgical and Restorative

☐Complex medical needs:

☐X-rays with patient

☐Endo:RCT only

☒Endo:RCT,Permanent Restoration/Crown

☐Periodontal Care

☒Implants: Surgical only

☐Denture: Overdenture

☐Please provide written report via Email

☐Need X-rays (please send X-rays to ay@yoland.com)

☒Extractions

☒Sedation

☒Special needs(specify type):

☐Denture: Partial

☒Orthodontic care

Reason for Referral:

☒ Consultation

☐ radion

Interpreter needed::

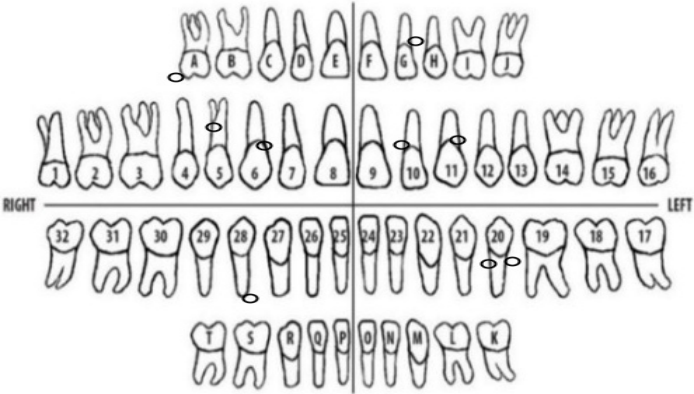
☐ YES

☐ No

Patient is

☐ verbal

☐ non-verbal



Evaluated by :Lorly Gonazales

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR

	<div></div>
<div>Patient Name</div> <div>AYSHA EBRAHIM ABDULLA ALMARZOOQI</div> <div>Date</div> <div>2024-05-23 (11:30 - 13:30)</div>	<div>Doctor Name</div> <div>Lorly Gonazales - Laser (DHA-T-00167011)</div> <div>Date</div> <div>2024-05-23 (11:30 - 13:30)</div>