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

☐ 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 and Restorative
☑ Orthodontic care

☐ Extractions
☐ Sedation
☐ Special needs (specify type):

Patients: ☐ Verbal ☐ Non-verbal

Circle below the tooth/teeth of referral:

☐ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
Patient Name khloud sharfi Date 2024-06-03 (12:00 - 13:00)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (12:00 - 13:00)