

Dental External Referral Form								
Patient Name	:	Afra Obaid Al Mansoori (wed)		Emirates ID	:	999-9999-999999-9		
File No	:	49	DOB	:	1984-11-12	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afra Obaid Al Mansoori (wed) CONTACT NO.:507754484 AGE :39

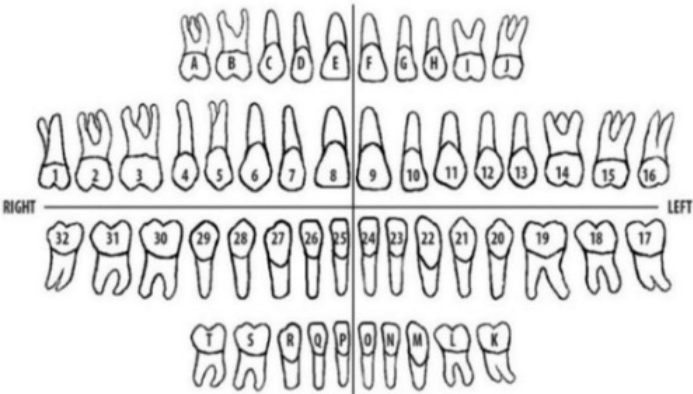
Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:
☒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 afra.yoland.com)

Reason for Referral:
☐ Consultation ☐radion
☐Comprehensivecare ☒ Endo: RCT only ☒ Extractions
☐ Crowns ☐Endo:RCT,Permanent ☐ Sedation
☐ Bridges Restoration/Crown ☐ Special needs (specify type):
☐Denture:Complete ☐Periodontal Care
☐ Denture: Partial ☐ Implants: Surgical only
☐ Denture:Overdenture ☐Implants:Surgical Restorative
☐ Complex medical needs ☐ Orthodontic care

Patients:
☐Verbal ☐Non-verbal



☐ Please provide written report via Email

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

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<div>Patient Name Afra Obaid Al Mansoori (wed) Date 2024-06-06 (10:15 - 10:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (10:15 - 10:30)</div>