

Dental External Referral Form								
Patient Name		: SARA SALEM SULTAN BUNAWAS ALKETBI			Emirates ID		: 784-1987-3213848-6	
File No		: 8186	DOB		: 1987-02-18	Nationality		: Emirati
Gender		: Female	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-12

FULL NAME:SARA SALEM CONTACT NO.:971563108080 AGE :37

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 info@yoland.com)

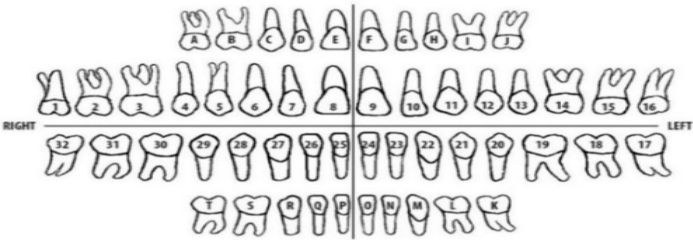
Reason for Referral:

☐ Consultation ☐ radion

<input type="checkbox"/> Comprehensivecare	<input type="checkbox"/> Endo: RCT only	<input type="checkbox"/> Extractions
<input type="checkbox"/> Crowns	<input type="checkbox"/> Endo:RCT,Permanent Restoration/Crown	<input type="checkbox"/> Sedation
<input type="checkbox"/> Bridges	<input type="checkbox"/> Periodontal Care	<input type="checkbox"/> Special needs (specify type):
<input type="checkbox"/> Denture:Complete	<input type="checkbox"/> Implants: Surgical only	
<input checked="" type="checkbox"/> Denture: Partial	<input type="checkbox"/> Implants:Surgical Restorative	
<input checked="" type="checkbox"/> Denture:Overdenture	<input type="checkbox"/> Orthodontic care	
<input checked="" type="checkbox"/> Complex medical needs		

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
<div></div>	<div></div>
Patient Name SARA SALEM SULTAN BUNAWAS ALKETBI Date 2024-06-12 (14:00 - 14:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-12 (14:00 - 14:30)