

Dental External Referral Form								
Patient Name	:	afra al dhahri (mom of hind al h)		Emirates ID	:	999-9999-999999-9		
File No	:	6246	DOB	:	1980-01-01	Nationality	:	Other
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::afra al dhahri (mom of hind al h)

CONTACT NO.:555634563

AGE :44

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)

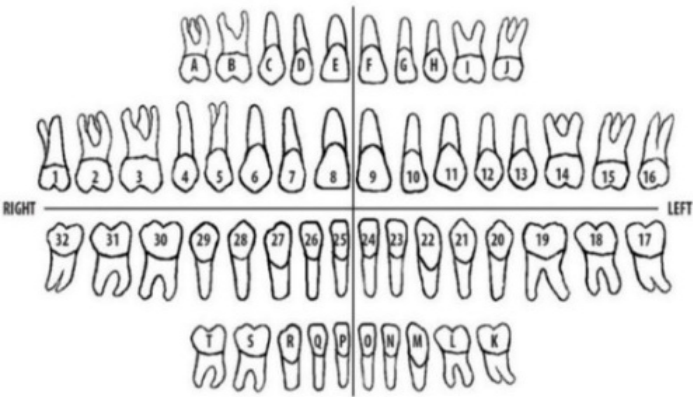
Reason for Referral: ☐Consultation ☐radion

- ☐Comprehensivecare
- ☐ Endo: RCT only
- ☐ Extractions
- ☐ Crowns
- ☐Endo:RCT,Permanent Restoration/Crown
- ☐ Sedation
- ☐ Bridges
- ☐Periodontal Care
- ☐ Special needs (specify type):
- ☐Denture:Complete
- ☐ Implants: Surgical only
- ☐ Denture: Partial
- ☐Implants:Surgical Restorative
- ☐ Denture:Overdenture
- ☒ Orthodontic care
- ☐ 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>Patient Name</div> <div>afra al dhahri (mom of hind al h)</div> <div>Date</div> <div>2024-06-06 (09:15 - 09:30)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (09:15 - 09:30)</div>