

Dental External Referral Form								
Patient Name	:	Afnan Abdulhamid Mohd Abdulla (dubai fans)		Emirates ID	:	999-9999-999999-9		
File No	:	7064	DOB	:	1988-12-19	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Afnan Abdulhamid Mohd Abdulla (dubai fans)

CONTACT NO.:569333330

AGE :35

Referring Healthcare professional : Dr Nadir El Tayeb

☒Emergent (send patient to ED)

☒Urgent (24-72 hours)

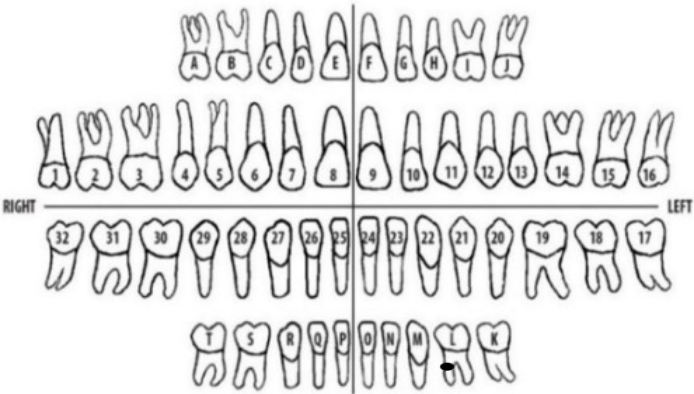
☒Routine (next available)

Interpreter needed: ☐YES ☐No

☐X-rays emailed ☒X-rays with patient ☐Need X-rays (please send X-rays to afnan.yoland.com)

Reason for Referral: ☐Consultation ☐radion

- ☐ Comprehensive care
- ☐ Crowns
- ☐ Bridges
- ☐ Denture: Complete
- ☐ Denture: Partial
- ☐ Denture: Overdenture
- ☐ Complex medical needs



☐ 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>Afnan Abdulhamid Mohd Abdulla (dubai fans)</div> <div>Date</div> <div>2024-06-03 (11:00 - 11:45)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-03 (11:00 - 11:45)</div>
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