

Dental External Referral Form								
Patient Name	:	Afaf Mohammad Al Heloo		Emirates ID	:	999-9999-999999-9		
File No	:	280	DOB	:	1974-12-06	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afaf Mohammad Al Heloo

CONTACT NO.:504549644

AGE :49

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 afaf.yoland.com)

Reason for Referral:

☐Consultation

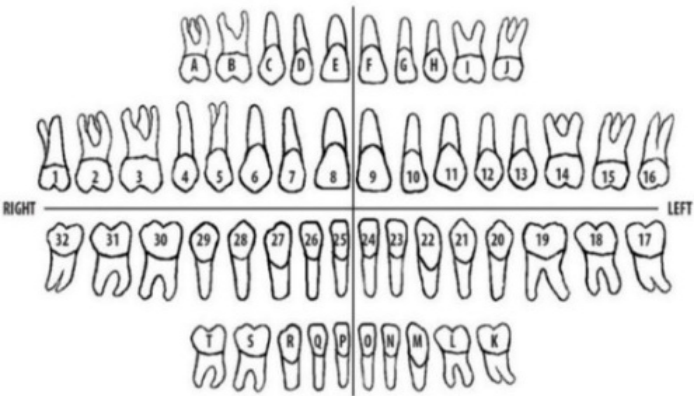
☐radion

- ☐Comprehensiveware
- ☐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 Restorative
- ☐Orthodontic care
- ☒Extractions
- ☐Sedation
- ☐Special needs (specify type):

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 Afaf Mohammad Al Heloo Date 2024-06-06 (10:00 - 10:15)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (10:00 - 10:15)</div>