

Dental External Referral Form								
Patient Name	:	Afra Khalid Al Qahtani		Emirates ID	:	999-9999-999999-9		
File No	:	667	DOB	:	1987-02-09	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afra Khalid Al Qahtani CONTACT NO.:503494664 AGE :37

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:
☒Emergent (send patient to ED) ☒Urgent (24-72 hours) ☐Routine (next available)

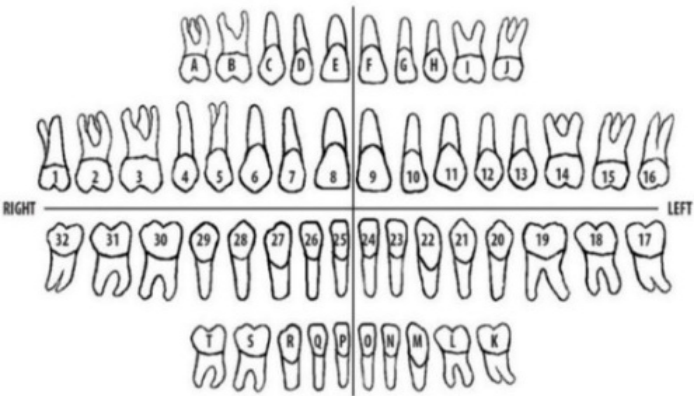
Interpreter
needed:
☐YES ☐No

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

Reason for Referral:
☒Consultation ☐radion

- ☐Comprehensivecare
☐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>Patient Name</div> Afra Khalid Al Qahtani <div>Date</div> 2024-06-06 (08:45 - 09:00)	<div>Doctor Name</div> Dr Nadir El Tayeb - Dental (DHA-T-00171042) <div>Date</div> 2024-06-06 (08:45 - 09:00)

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