

Dental External Referral Form								
Patient Name	:	Afaf Muhammd Rafi		Emirates ID	:	999-9999-999999-9		
File No	:	2123	DOB	:	1971-10-27	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Afaf Muhammd Rafi      CONTACT NO.:505510332      AGE :52

Referring Healthcare professional : Dr Nadir El Tayeb

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

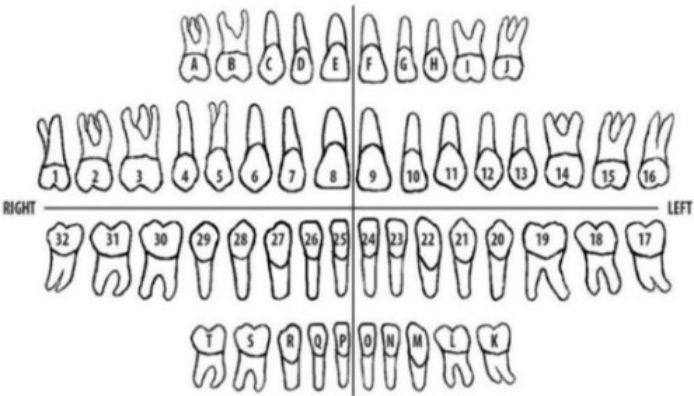
Interpreter needed:  
☐YES      ☒No

☒X-rays emailed    ☐X-rays with patient    ☐Need X-rays (please send X-rays to [afaf.yoland.com](mailto:afaf.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></div>
<div>Patient Name Afaf Muhammd Rafi</div> <div>Date 2024-06-03 (09:45 - 10:00 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-03 (09:45 - 10:00 )</div>

□