

Dental External Referral Form

Patient Name	:	Afra Abdul Rahman Bin Faris(insta)		Emirates ID	:	999-9999-999999-9		
File No	:	5917	DOB	:	2021-07-04	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Afra Abdul Rahman
Bin Faris(insta)

CONTACT NO.:529024227

AGE :2

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

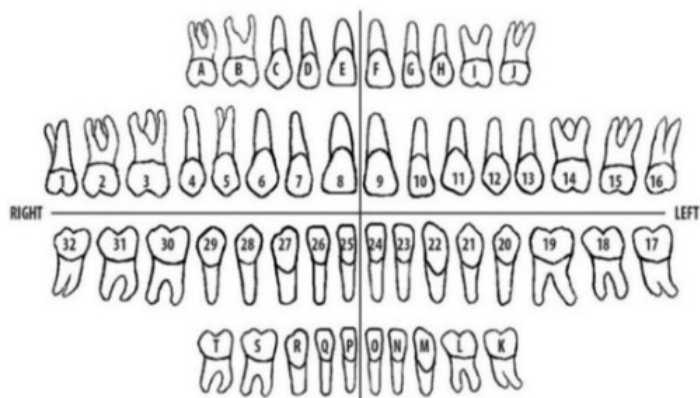
☐ X-rays emailed ☒ X-rays with patient ☐ Need X-rays (please send X-rays to afra.yoland.com)

Reason for Referral: ☐ Consultation ☐ radion

☐ Comprehensivecare ☐ Endo: RCT only ☐ Extractions
☐ Crowns ☐ Endo:RCT,Permanent ☐ Sedation
☐ Bridges Restoration/Crown ☐ Special needs (specify type):
☐ Denture:Complete ☐ Periodontal Care
☐ Denture: Partial ☐ Implants: Surgical only
☐ Denture:Overdenture ☐ Implants:Surgical Restorative
☐ Complex medical needs ☒ Orthodontic care

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

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<div>Patient Name Afra Abdul Rahman Bin Faris(insta) Date 2024-06-03 (10:15 - 10:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (10:15 - 10:30)</div>

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