Dental External Referral Form									
Patient Name	:	khloud sharfi Emirates ID :							
File No	:	8286	DOB	:	1900-01-01	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date		2024-06-03	

FULL NAME:: khloud	CONTA	ACT NO.:50 650 9950	AGE :124
Referring Healthcare professional	: Dr Nac	dir El Tayeb	
<b>☑</b> Emergent (send patient to ED)		<b>☑</b> Urgent (24-72 hours)	□Routine (next available)
Interpreter needed:	□YES	∏No	
□X-rays emailed □X-rays with p	patient	□Need X-rays (please send	l X-rays to …….yoland.com)
Reason for Referral:	□ Consulta	<b>▽</b> Ition radion	

☐ Comprehensive care
☐ Crowns
□ Bridges
□ Denture: Complete
☐ Denture: Partial
□ Denture: Overdenture
□ Complex medical needs
☐ endo: rct only
☐ endo: rct, permanent
restoration/crown
periodontal care
implants: surgical only
orthodontic care
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## $\hfill\square$ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction					
PATIENT	DOCTOR				
Patient Name khloud sharfi Date 2024-06-03 (12:45 - 13:45)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T- 00171042)  Date 2024-06-03 (12:45 - 13:45 )				