

Dental External Referral Form

Patient Name	:	Afnan Abdul Rahim Abdulrahman Abdalla		Emirates ID	:	784-1994-1910418-9		
File No	:	3941	DOB	:	1994-11-22	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afnan Abdul Rahim CONTACT NO.:971505917778 AGE :29

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

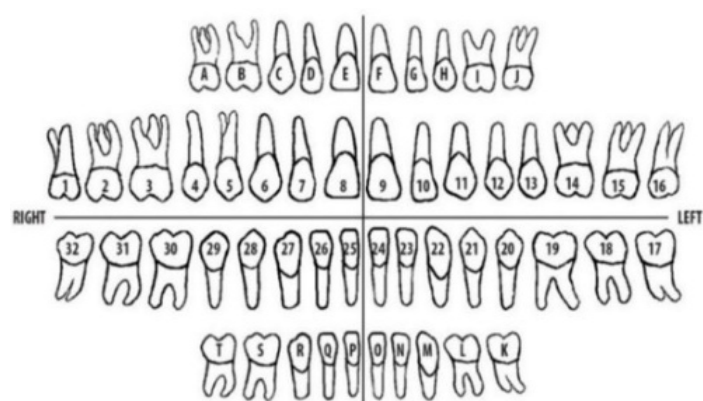
☐ X-rays emailed ☐ X-rays with patient ☐ Need X-rays (please send X-rays to info@yoland.com)

Reason for Referral: ☐ Consultation ☐ radion

<input type="checkbox"/> Comprehensivecare	<input type="checkbox"/> Endo: RCT only	<input checked="" type="checkbox"/> Extractions
<input type="checkbox"/> Crowns	<input type="checkbox"/> Endo:RCT,Permanent Restoration/Crown	<input type="checkbox"/> Sedation
<input type="checkbox"/> Bridges	<input type="checkbox"/> Periodontal Care	<input type="checkbox"/> Special needs (specify type):
<input type="checkbox"/> Denture:Complete	<input type="checkbox"/> Implants: Surgical only	
<input type="checkbox"/> Denture: Partial	<input type="checkbox"/> Implants:Surgical Restorative	
<input type="checkbox"/> Denture:Overdenture	<input checked="" type="checkbox"/> Orthodontic care	
<input type="checkbox"/> Complex medical needs		

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 Afnan Abdul Rahim Abdulrahman Abdalla Date 2024-06-06 (08:45 - 09:00)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (08:45 - 09:00)</div>