

Dental External Referral Form								
Patient Name	:	AYSHA EBRAHIM ABDULLA ALMARZOOQI		Emirates ID	:	784-2001-5387597-4		
File No	:	5224	DOB	:	2001-10-31	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Lorly Gonazales	Date	:	2024-05-23

FULL NAME::AYSHA EBRAHIM      CONTACT NO.:971555014474      AGE :22

Referring Healthcare professional : Lorly Gonazales

PROPHYLACTIC

THERAPEUTIC  
Complex medical needs::vgbhn

EXAMINATION:

<input checked="" type="checkbox"/> X-rays emailed	<input checked="" type="checkbox"/> X-rays with patient	<input checked="" type="checkbox"/> Need X-rays (please send X-rays to <a href="mailto:aysha.yoland.com">aysha.yoland.com</a> )
<input checked="" type="checkbox"/> Comprehensive care	<input checked="" type="checkbox"/> Endo:RCT only	<input checked="" type="checkbox"/> Extractions
<input checked="" type="checkbox"/> Crowns	<input checked="" type="checkbox"/> Endo:RCT,Permanent Restoration/Crown	<input type="checkbox"/> Sedation
<input type="checkbox"/> Bridges	<input type="checkbox"/> Periodontal Care	<input checked="" type="checkbox"/> Special needs(specify type):
<input checked="" type="checkbox"/> Denture: Complete	<input checked="" type="checkbox"/> Implants: Surgical only	<input checked="" type="checkbox"/> Denture: Partial
<input checked="" type="checkbox"/> Implants:Surgical and Restorative	<input checked="" type="checkbox"/> Denture: Overdenture	<input checked="" type="checkbox"/> Orthodontic care
<input type="checkbox"/> Complex medical needs:	<input type="checkbox"/> Please provide written report via Email	
Reason for Referral:	<input checked="" type="radio"/> Consultation <input type="radio"/> radion	Interpreter needed::: <input type="radio"/> YES <input type="radio"/> No
		Patient is <input type="radio"/> verbal <input type="radio"/> non-verbal

Evaluated by :Lorly Gonazales

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name AYSHA EBRAHIM ABDULLA ALMARZOOQI  Date 2024-05-23 (11:30 - 13:30 )	Doctor Name Lorly Gonazales - Laser (DHA-T-00167011)  Date 2024-05-23 (11:30 - 13:30 )