

| Dental External Referral Form |   |                          |               |             |                   |                   |   |            |
|-------------------------------|---|--------------------------|---------------|-------------|-------------------|-------------------|---|------------|
| Patient Name                  | : | Aisha Gharib Al Masharma |               | Emirates ID | :                 | 999-9999-999999-9 |   |            |
| File No                       | : | 3758                     | DOB           | :           | 1993-07-17        | Nationality       | : | Emirati    |
| Gender                        | : | Female                   | Doctor's Name | :           | Dr Nadir El Tayeb | Date              | : | 2024-06-06 |

FULL NAME::Aisha Gharib Al Masharma

CONTACT NO.:563100036

AGE :30

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](mailto:info@yoland.com))

Reason for Referral:

☐Consultation

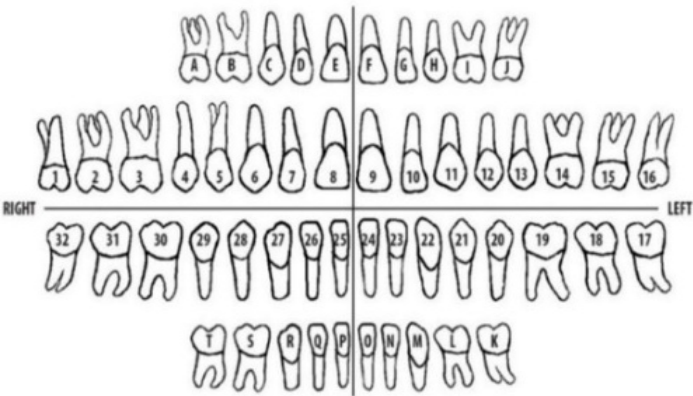
☐radion

- ☐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<br/>Aisha Gharib Al Masharma<br/><br/>Date<br/>2024-06-06 (09:30 - 09:45 )</div> | <div>Doctor Name<br/>Dr Nadir El Tayeb - Dental (DHA-T-00171042)<br/><br/>Date<br/>2024-06-06 (09:30 - 09:45 )</div> |