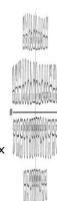
Dental External Referral Form								
Patient Name	:	khloud sharfi			Emirates ID	:		
File No	:	8286	DOB	:	1900-01-01	Nationality	:	Indian
Gender	:	Male	Doctor's Name		Dr Nadir El Tayeb	Date		2024-06-03

FULL NAME:: khlou	ud	CONTACT	NO.:50 650 9	9950	AGE :124	
Referring Healthca	are professional :	Dr Nadir	El Tayeb			
☑ Emergent (send	patient to ED)		Urgent (24-72	hours)	□Routine (ne	xt available)
Interpreter needed	d: 🗆	YES	□No			
▼X-rays emailed	☑ X-rays with pa	ntient [Need X-rays ((please send	l X-rays to …â€	€¦.yoland.com)
re	endo: rct only endo: rct, pestoration/crown periodontal care implants: surgic	al only gical and	d	n radion		
Pa	atients: \Box	□ rbal Non- verba	I			



Complex medical needs

$\ \square$ Please provide written report via Email

questions have b	Sign here, only if all of your lestions have been answered to your satisfaction				
PATIENT	DOCTOR				
Patient Name khloud sharfi Date 2024-06-03 (11:30 - 12:00)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T- 00171042) Date 2024-06-03 (11:30 - 12:00)				