

Dental External Referral Form								
Patient Name	:	Abeer Abdulraoof Sayed Mohamed Sharaf (Dubai Fans)		Emirates ID	:	999-9999-999999-9		
File No	:	7439	DOB	:	1977-08-04	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::Abeer Abdulraoof Sayed Mohamed Sharaf (Dubai Fans)
CONTACT NO.:505511199 AGE :46

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:
☒Emergent (send patient to ED) ☒Urgent (24-72 hours) ☐Routine (next available)

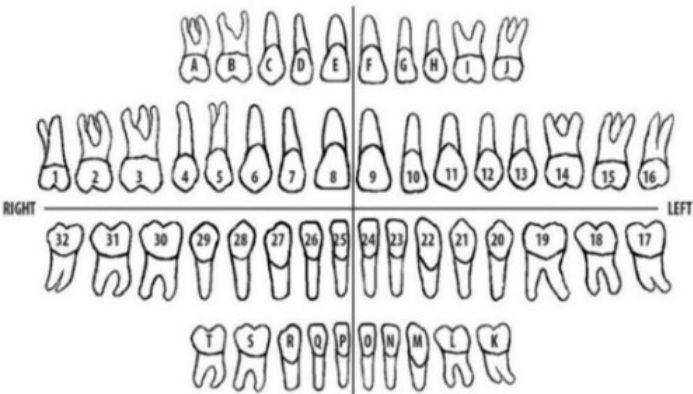
Interpreter needed: ☐YES ☐No

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

Reason for Referral: ☒Consultation ☒radion

- ☐Comprehensiveware
☐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</div> <div>Abeer Abdulraoof Sayed Mohamed Sharaf (Dubai Fans)</div> <div>Date</div> <div>2024-06-04 (16:15 - 17:30)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-04 (16:15 - 17:30)</div>