Dental Internal 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		2024-06-05	

FULL NAME:: khloud CONTACT NO.:50 650 9950 AGE:124 Referring Healthcare professional : Dr Nadir El Tayeb This Referral is: ☐ Emergent (send patient to ED) □Urgent (24-72 hours) ☐Routine (next available) □X-rays emailed □X-rays with patient Consultation Reason for Referral: Comprehensivecare Extractions Crowns ▼Endo:RCT,Permanent Sedation Restoration/Crown  $\square$  Special needs (specify type): ■ Bridges ✓ Denture: Complete □ Denture: Partial ☐Implants:Surgical Restorative □ Denture:Overdenture Orthodontic care ☐ Complex medical needs □ no written report needed □ Please provide written report Patients: Verbal ☐ Non-verbal Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction						
PATIENT	DOCTOR					
Patient Name khloud sharfi	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)					
Date 2024-06-05 (11:30 - 11:45 )	Date 2024-06-05 (11:30 - 11:45 )					