Dental External Referral Form

Patient Name	:	Afra Abdulkarim Almulla			Emirates ID	:	999-9999-999999-9
File No	:	1587	DOB	: 1993-12-03	Nationality	:	Other
Gender	:		Doctor's Name	: Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afra Abdulkarim Almulla   CONTACT NO.:556540808   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 â€¦â€¦.yoland.com)

Reason for Referral:
☐Consultation   ☐radion

☐Comprehensivecare   ☐ Endo: RCT only   ☐ Extractions
☐ Crowns   ☐Endo:RCT,Permanent Restoration/Crown   ☐ Sedation
☐ Bridges   ☐ Special needs (specify type):
☐Denture:Complete   ☐Periodontal Care
☐ Denture: Partial   ☐ Implants: Surgical only
☐ Denture:Overdenture   ☐Implants:Surgical Restorative
☐ Complex medical needs   ☑ Orthodontic care

Patients:
☐Verbal ☐Non-verbal
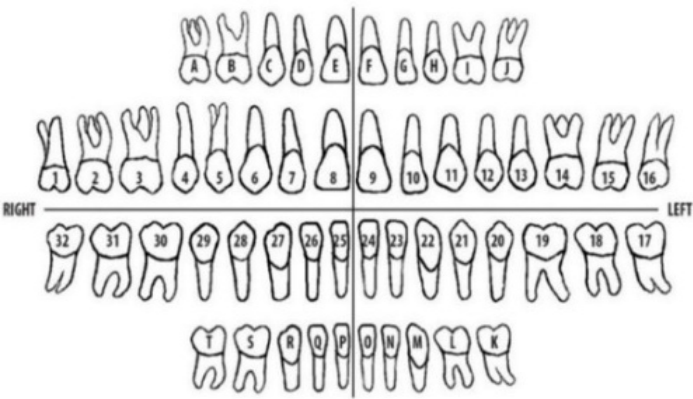
☐ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR

Patient Name Afra Abdulkarim Almulla Date 2024-06-06 (08:45 - 09:00)	**Doctor Name** Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (08:45 - 09:00)