

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:: khloud CONTACT NO.:50 650 9950 AGE :124

Referring Healthcare professional : Dr Nadir El Tayeb

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

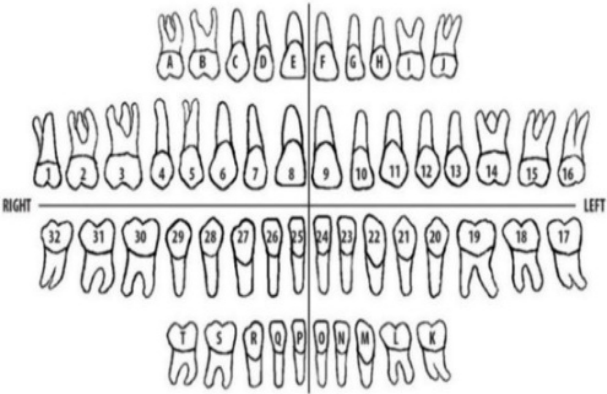
Interpreter needed: ☒YES ☐No

☐X-rays emailed ☐X-rays with patient ☐Need X-rays (please send X-rays to â€|â€|.yoland.com)

Reason for Referral: ☐ Consultation radion

- ☐ Comprehensive care
- ☐ Endo: RCT only
- ☐ Extractions
- ☐ Crowns
- ☐ Endo: RCT, permanent restoration/crown
- ☐ Sedation
- ☐ Bridges
- ☐ Periodontal care
- ☐ Special needs (specify type):
- ☐ Denture: Complete
- ☒ Implants: Surgical only
- ☐ Denture: Partial
- ☐ Implants: Surgical and restorative
- ☐ Denture: Overdenture
- ☐ Orthodontic care
- ☐ Complex medical needs

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 khloud sharfi</div> <div>Date 2024-06-03 (13:00 - 13:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-03 (13:00 - 13:30)</div>

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