

Dental External Referral Form								
Patient Name	:	Afra Ahmed Al Marri		Emirates ID	:	999-9999-999999-9		
File No	:	680	DOB	:	2002-09-15	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afra Ahmed Al Marri CONTACT NO.:507499566 AGE :21

Referring Healthcare professional : Dr Nadir El Tayeb

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

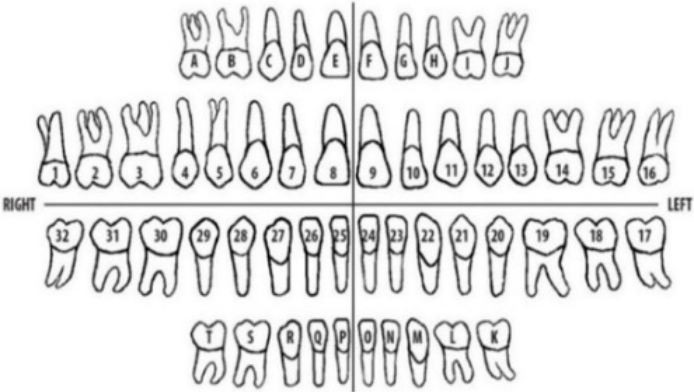
Interpreter needed:
☐YES ☐No

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

Reason for Referral:
☒Consultation ☐radion

- ☐Comprehensivecare
☐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 Afra Ahmed Al Marri Date 2024-06-06 (10:15 - 10:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (10:15 - 10:30)</div>

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