

King Khalid University Dental Hospital  
REFERRAL LETTER for Sharp / Needle Injury

**Date:**

**To,**

The Duty Doctor  
KKU Medical City  
Alfaraa

**Subject:** Referral letter to complete the needed procedures& follow up in sharp/needle Injury

|  |   |
|--|---|
| <b>Name of the Patient getting treated<br/>&amp; Mobile number</b> |   |
| Brief description of the sharp/ needle prick injury                |   |
| <b>Occupation of the patient:</b>                                  |   |
| Date of injury   |   |
| Location of the injury   |   |
| HBV history of the patient   | Vaccinated <input type="checkbox"/><br>Not vaccinated <input type="checkbox"/><br>Don't know <input type="checkbox"/> |
| Medical history of the <i>patient</i>                              |   |

**Recommendation:** Refer to KKU Medical City to complete the needed procedures & follow ups

**Dr Nada Alamoudi**  
Clinical Director  
KKU Dental Hospital