

Dental External Referral Form								
Patient Name		Abdullah Qutami Bin Qutami Al Suwaidi			Emirates ID		999-9999-999999-9	
File No		8202	DOB		2004-06-22	Nationality		Emirati
Gender			Doctor's Name		Dr Nadir El Tayeb	Date		2024-06-06

FULL NAME::Abdullah Qutami Bin Qutami Al Suwaidi

CONTACT NO.:559222229

AGE :19

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 [info@yoland.com](mailto:info@yoland.com))

Reason for Referral:

☒Consultation

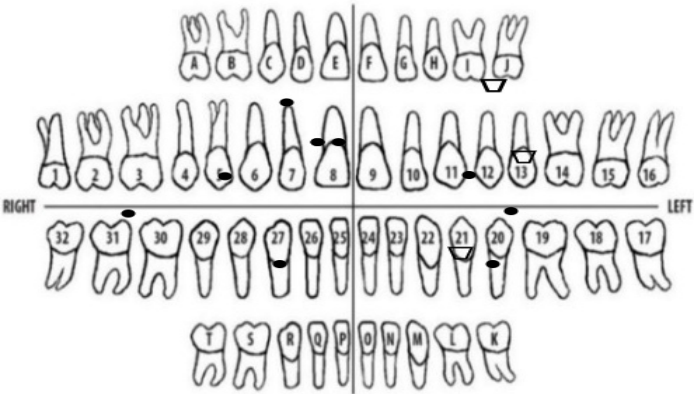
☒radion

- ☒Comprehensivecare
- ☒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 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</div> <div>Abdullah Qutami Bin Qutami Al Suwaidi</div> <div>Date</div> <div>2024-06-06 (09:15 - 09:30 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (09:15 - 09:30 )</div>
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