

Dental Internal Referral Form								
Patient Name		: Aesha Ali Mohammed Leqyoos Alshehhi (FB1 952)			Emirates ID		: 999-9999-999999-9	
File No		: 7124	DOB		: 2006-09-28	Nationality		: Emirati
Gender		: Female	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-03

FULL NAME::Aesha Ali Mohammed Leqyoos Alshehhi (FB1CONTACT NO.:501222871 AGE :17 952)

Referring Healthcare professional : Dr Nadir El Tayeb

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

☐X-rays emailed ☐X-rays with patient ☐Need X-rays (please send X-rays to â€¦.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
- ☐ no written report needed
- ☐ Please provide written report

Patients: ☐Verbal ☐Non-verbal

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Aesha Ali Mohammed Leqyoos Alshehhi (FB1 952) Date 2024-06-03 (11:30 - 12:45)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (11:30 - 12:45)

