

Dental External Referral Form

Patient Name	:	Abeer Abdul Khaleq Mohammed		Emirates ID	:	999-9999-999999-9		
File No	:	1351	DOB	:	1985-02-06	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Abdul Khaleq Mohammed

CONTACT NO.:509525259

AGE :39

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)

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

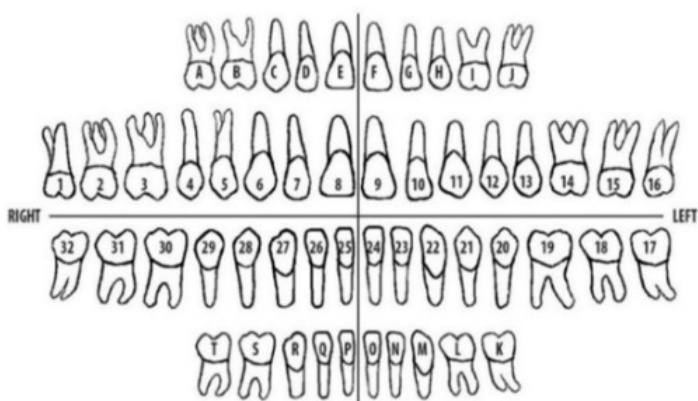
☒ Extractions

☒ 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 Abeer Abdul Khaleq Mohammed</div> <div>Date 2024-06-06 (09:30 - 09:45)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-06 (09:30 - 09:45)</div>