

Dental External Referral Form								
Patient Name	:	Nadia Abdulaziz Elhussein		Emirates ID	:	999-9999-999999-9		
File No	:	8240	DOB	:	1952-01-01	Nationality	:	Sudanese
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-11

FULL NAME::Nadia Abdulaziz ElhusseinCONTACT NO.:509185001AGE :72

Referring Healthcare professional : Dr Nadir El Tayeb

☒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 â€¦.yoland.com)

Reason for Referral:☒Consultation☐radion

EXAMINATION:

☐ Comprehensive care☐ Crowns☐ Bridges☐ Denture: Complete☐ Denture: Partial☐ Denture: Overdenture☐ Complex medical needs

Patients:☐ Verbal☐ Non-verbal

☒ Endo: RCT only☒ Endo: RCT, Permanent Restoration/Crown☐ Periodontal Care☐ Implants: Surgical only☐ Implants: Surgical and Restorative☐ Orthodontic care

☐ Extractions☐ Sedation☐ Special needs (specify type):

☐ Special needs (specify type):

☐ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Nadia Abdulaziz Elhussein Date 2024-05-11 (12:00 - 13:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-11 (12:00 - 13:30)

