

Dental External Referral Form								
Patient Name		Fatima Ali Almulla			Emirates ID		784-1981-5321607-6	
File No		8292	DOB		1981-06-16	Nationality		Emirati
Gender		Female	Doctor's Name		Dr Nadir El Tayeb	Date		2024-05-09

FULL NAME::Fatima CONTACT NO.:971504775676 AGE :42

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 [fatima.yoland.com](mailto:fatima.yoland.com))

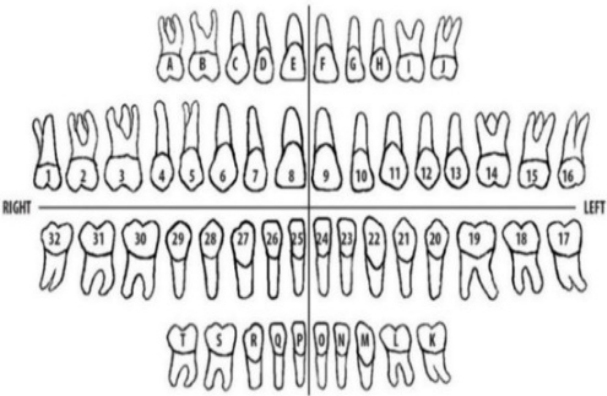
Reason for Referral: ☐Consultation ☐radion

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

☐ Endo: RCT only ☐ Endo: Permanent Restoration/Crown RCT, ☐ Periodontal Care ☐ Implants: Surgical only ☒ Implants: Surgical and 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 Fatima Ali Almulla  Date 2024-05-09 (19:15 - 20:15 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-05-09 (19:15 - 20:15 )</div>