

Dental Internal Referral Form								
Patient Name	:	Abeer Abdul Baqi Al Jassmi(Dubai Fans)		Emirates ID	:	999-9999-999999-9		
File No	:	5451	DOB	:	1983-07-03	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abeer Abdul Baqi Al Jassmi(Dubai Fans)CONTACT NO.:503448488AGE :40

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☐Crowns☐Bridges☐Denture:Complete☐Denture: Partial☐Denture:Overdenture☐Complex medical needs☐Please provide written report
- ☒Endo: RCT only☒Endo:RCT,Permanent Restoration/Crown☐Periodontal Care☐Implants:Surgical only☐Implants:Surgical Restorative☐Orthodontic care☐no written report needed
- ☐Extractions☐Sedation☐Special needs (specify type):

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
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Patient Name Abeer Abdul Baqi Al Jassmi(Dubai Fans) Date 2024-06-03 (08:30 - 08:45)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (08:30 - 08:45)