

| Dental Internal Referral Form |   |                     |               |             |                   |                   |   |            |
|-------------------------------|---|---------------------|---------------|-------------|-------------------|-------------------|---|------------|
| Patient Name                  | : | Abeer Abdo Mohammed |               | Emirates ID | :                 | 999-9999-999999-9 |   |            |
| File No                       | : | 4750                | DOB           | :           | 1984-06-17        | Nationality       | : | Yemeni     |
| Gender                        | : |                     | Doctor's Name | :           | Dr Nadir El Tayeb | Date              | : | 2024-06-03 |

FULL NAME::Abeer Abdo MohammedCONTACT NO.:526093874AGE :39

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€ˆ€ˆ.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  |
|  | <div></div>   |
| Patient Name<br>Abeer Abdo Mohammed<br><br>Date<br>2024-06-03 (10:30 - 10:45 )   | Doctor Name<br>Dr Nadir El Tayeb - Dental (DHA-T-00171042)<br><br>Date<br>2024-06-03 (10:30 - 10:45 ) |