

Dental External Referral Form								
Patient Name		Abeer Muhammed Hasaan			Emirates ID		999-9999-999999-9	
File No		2130	DOB		1987-02-04	Nationality		Emirati
Gender			Doctor's Name		Dr Nadir El Tayeb	Date		2024-06-06

FULL NAME::Abeer Muhammed Hasaan

CONTACT NO.:568180996

AGE :37

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

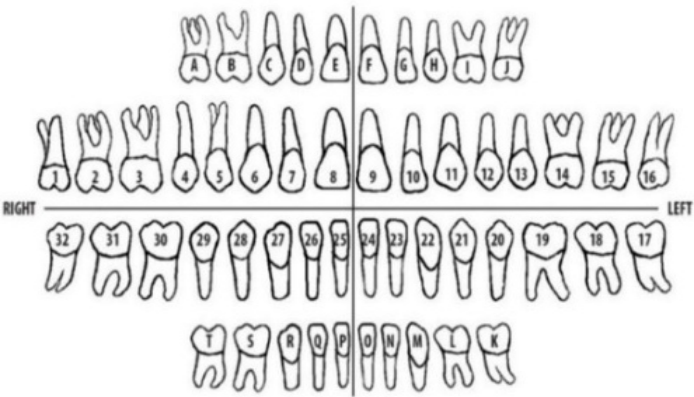
☐Sedation

☐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 Muhammed Hasaan Date 2024-06-06 (09:30 - 09:45)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (09:30 - 09:45)</div>

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