

## Dental External Referral Form

Patient Name	:	Alia Mohammad Al Janahi	Emirates ID	:	999-9999-999999-9
File No	:	11	DOB	:	1980-01-01
Nationality	:	Emirati			
Gender	:	Female	Doctor's Name	:	Dr Reham Abuteer
Date	:	2024-05-13			

FULL NAME::Alia Mohammad Al Janahi      CONTACT NO.:504980444      AGE :44

Referring Healthcare professional : Dr Reham Abuteer

PROPHYLACTIC

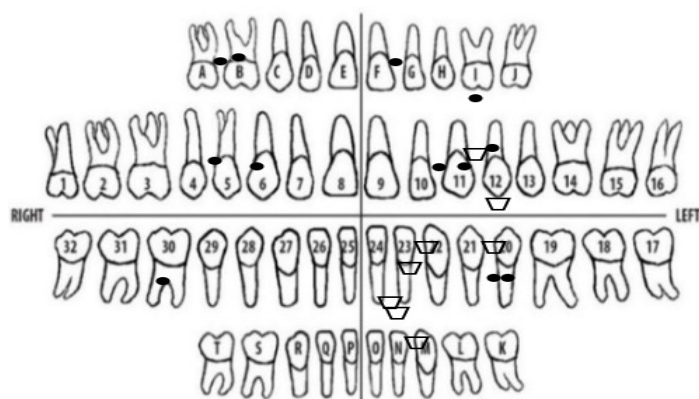
THERAPEUTIC

Complex medical needs::

### EXAMINATION:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> X-rays emailed<br><br><input checked="" type="checkbox"/> Comprehensive care<br><input checked="" type="checkbox"/> Crowns<br><br><input type="checkbox"/> Bridges<br><br><input type="checkbox"/> Denture: Complete<br><input checked="" type="checkbox"/> Implants:Surgical and Restorative<br><input type="checkbox"/> Complex medical needs: | <input type="checkbox"/> X-rays with patient<br><br><input checked="" type="checkbox"/> Endo:RCT only<br><input checked="" type="checkbox"/> Endo:RCT,Permanent Restoration/Crown<br><br><input type="checkbox"/> Periodontal Care<br><br><input checked="" type="checkbox"/> Implants: Surgical only<br><input checked="" type="checkbox"/> Denture: Overdenture<br><input type="checkbox"/> Please provide written report via Email | <input type="checkbox"/> Need X-rays (please send X-rays to <a href="mailto:yoland.com">yoland.com</a> )<br><input checked="" type="checkbox"/> Extractions<br><br><input type="checkbox"/> Sedation<br><br><input checked="" type="checkbox"/> Special needs(specify type):<br><input checked="" type="checkbox"/> Denture: Partial<br><input checked="" type="checkbox"/> Orthodontic care |
|---|---|--|

Reason for Referral:      ☐ Consultation      ☐ radion      Interpreter needed::      ☐ YES      ☐ No      Patient is      ☐ verbal      ☐ non-verbal



Evaluated by :Dr Reham Abuteer

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
	<div></div>
<div>Patient Name Alia Mohammad Al Janahi</div> <div>Date 2024-05-13 (08:15 - 08:30 )</div>	<div>Doctor Name Dr Reham Abuteer - Dental (DHA-T-00219566)</div> <div>Date 2024-05-13 (08:15 - 08:30 )</div>

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