

Dental External Referral Form								
Patient Name	:	Aaesha Mohammad Al Teniji(dubai fans)		Emirates ID	:	999-9999-999999-9		
File No	:	6454	DOB	:	1980-04-08	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Aaesha Mohammad Al Teniji(dubai fans)CONTACT NO.:509968680AGE :44

Referring Healthcare professional : Dr Nadir El Tayeb

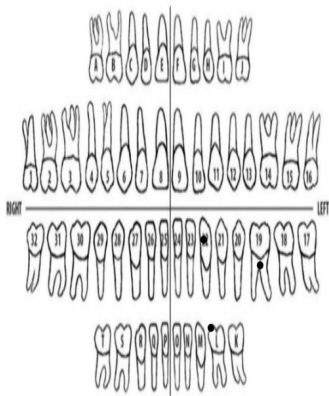
☒Emergent (send patient to ED)☒Urgent (24-72 hours)☐Routine (next available)

Interpreter needed:☐YES☒No

☒X-rays emailed☒X-rays with patient☒Need X-rays (please send X-rays to â€¦.yoland.com)

Reason for Referral:☐Consultation☐radion

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



☐ 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></div>
Patient Name Aaesha Mohammad Al Teniji(dubai fans) Date 2024-06-03 (09:00 - 09:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (09:00 - 09:15)