

Dental External Referral Form								
Patient Name	:	Abeer Abdul Khaleq Mohammed		Emirates ID	:	999-9999-999999-9		
File No	:	1351	DOB	:	1985-02-06	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abeer Abdul Khaleq Mohammed

CONTACT NO.:509525259

AGE :39

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](mailto:info@yoland.com))

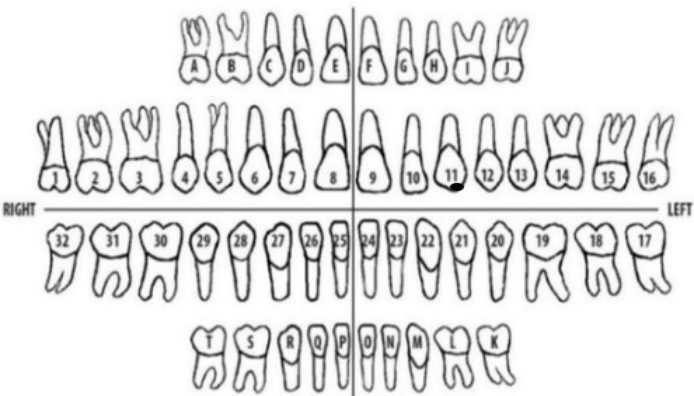
Reason for Referral:    ☒Consultation    ☒radion

- ☐Comprehensiveware    ☐ Endo: RCT only    ☐ Extractions
- ☐ Crowns    ☐Endo:RCT,Permanent    ☐ Sedation
- ☐ Bridges    Restoration/Crown    ☐ Special needs (specify type):
- ☐Denture:Complete    ☐Periodontal Care
- ☐ Denture: Partial    ☐ Implants: Surgical only
- ☐ Denture:Overdenture    ☐Implants:Surgical Restorative
- ☒ Complex medical needs    ☒ Orthodontic care

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

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<div>Patient Name Abeer Abdul Khaleq Mohammed  Date 2024-06-03 (08:30 - 08:45 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-03 (08:30 - 08:45 )</div>

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