

Dental Internal Referral Form								
Patient Name	:	Abrar Mohammad Hussain Abdulla Shams(Doughter)		Emirates ID	:	999-9999-999999-9		
File No	:	7710	DOB	:	2009-01-01	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abrar Mohammad Hussain Abdulla Shams(Doughter) CONTACT NO.:503035202 AGE :15

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:

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

☐X-rays emailed ☐X-rays with patient

Reason for Referral:

☐Consultation ☐radion

☐Comprehensiveware
☐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 Abrar Mohammad Hussain Abdulla Shams(Doughter) Date 2024-06-06 (11:00 - 11:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (11:00 - 11:15)