

Dental External Referral Form								
Patient Name	:	Abeer Muhsin AL Shammri		Emirates ID	:	999-9999-999999-9		
File No	:	1281	DOB	:	2017-03-01	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abeer Muhsin AL Shammri

CONTACT NO.:509404404

AGE :7

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 [â€¦â€¦.yoland.com](#))

Reason for Referral: ☒Consultation ☐radion

☐Comprehensiveware☒Endo: RCT only☐Extractions

☐Crowns☒Endo:RCT,Permanent Restoration/Crown☐Sedation

☐Bridges☒Periodontal Care☐Special needs (specify type):

☐Denture:Complete☒Implants: Surgical only

☐Denture: Partial☐Implants:Surgical Restorative

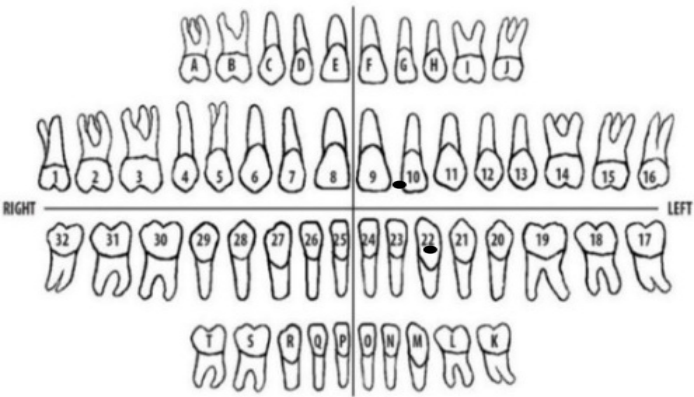
☐Denture:Overdenture☐Orthodontic care

☐Complex medical needs

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 Muhsin AL Shammri  Date 2024-06-03 (08:45 - 09:00 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-03 (08:45 - 09:00 )</div>