

Dental Internal Referral Form								
Patient Name		: Aesha Ali Mohammed Leqyoos Alshehhi (FB1 952)			Emirates ID		: 999-9999-999999-9	
File No		: 7124	DOB		: 2006-09-28	Nationality		: Emirati
Gender		: Female	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-03

FULL NAME::Aesha Ali Mohammed Leqyoos Alshehhi (FB1CONTACT NO.:501222871 AGE :17 952)

Referring Healthcare professional : Dr Nadir El Tayeb

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

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

Reason for Referral: ☒Consultation ☐radion

- ☐Comprehensivecare
- ☒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 Aesha Ali Mohammed Leqyoos Alshehhi (FB1 952) Date 2024-06-03 (13:00 - 13:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (13:00 - 13:15)

