

Dental External Referral Form								
Patient Name	:	Abeer Essa Al Emadi		Emirates ID	:	999-9999-999999-9		
File No	:	3097	DOB	:	1995-09-16	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::Abeer Essa Al Emadi    CONTACT NO.:508574744    AGE :28

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](mailto:â€|â€|.yoland.com))

Reason for Referral:            ☒Consultation            ☐radion

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

Patients:  
☐Verbal                      ☐Non-verbal

Circle below the tooth/teeth of referral:

☒ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Abeer Essa Al Emadi  Date 2024-06-04 (15:00 - 15:45 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-04 (15:00 - 15:45 )