

Dental External Referral Form								
Patient Name		: (Amnah) Shaikah Mohammed Juma			Emirates ID		: 999-9999-999999-9	
File No		: 3194	DOB		: 1980-01-01	Nationality		: Emirati
Gender		:	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-06

FULL NAME::(Amnah) Shaikah Mohammed Juma

CONTACT NO.:505599984

AGE :44

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 amnah.yoland.com)

Reason for Referral: ☐ Consultation☐ radion

☐Comprehensiveware☐ Endo: RCT only☐ Extractions

☐ Crowns☐ Endo:RCT,Permanent☐ Sedation

☐ Bridges☐ Restoration/Crown☐ Special needs (specify type):

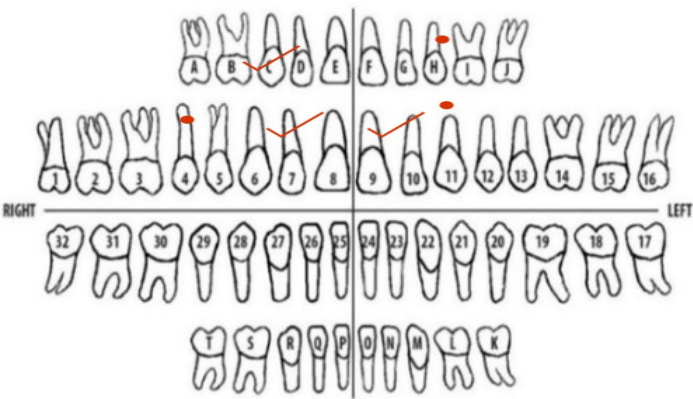
☐Denture:Complete☐Periodontal Care

☒ 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 (Amnah) Shaikah Mohammed Juma Date 2024-06-06 (11:00 - 11:15)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (11:00 - 11:15)</div>