

Dental External Referral Form								
Patient Name		: Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952)			Emirates ID		: 999-9999-9999999-9	
File No		: 7124	DOB		: 2006-09-28	Nationality		: Emirati
Gender		: Female	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-03

FULL NAME::Aaesha 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)

Interpreter needed: ☐YES ☐No

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

Reason for Referral: ☐Consultation ☐radion

☒Comprehensive care ☒Crowns ☐ Bridges ☐ Denture: Complet

Preferred means of contact: ☐ Denture: Partia ☐Denture: Overdenture ☐ Complex medical needs

☐ Denture: Partial ☐ Denture: Overdenture

☐ Complex medical needs

☐ endo: rct only ☐ endo: rct, permanent restoration/crown

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☐ periodontal care ☐ implants: surgical only ☐ implants: surgical and ☐ orthodontic restorative care

☐ extractions ☐ sedation ☐ special needs (specify type):

☐ 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</div> <div>Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952)</div> <div>Date</div> <div>2024-06-03 (11:15 - 11:30)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-03 (11:15 - 11:30)</div>
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