

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		: 2024-06-13

FULL NAME:Aaesha Ali Mohammed
Leqyoos Alshehhi (FB1 952)

CONTACT NO.:501222871

AGE :17

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

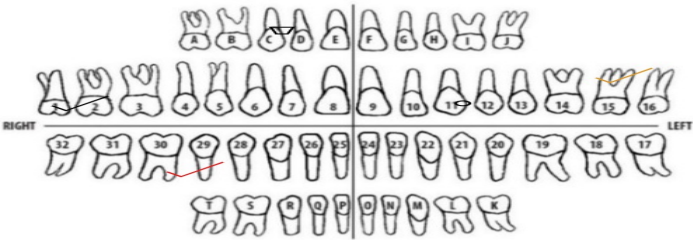
☐ radion

- ☐ Comprehensivecare
- ☐ 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
Patient Name Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952) Date 2024-06-13 (08:45 - 19:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-13 (08:45 - 19:15)

