

Dental External Referral Form								
Patient Name	:	Abeer Abdul Baqi Al Jassmi(Dubai Fans)		Emirates ID	:	999-9999-999999-9		
File No	:	5451	DOB	:	1983-07-03	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abeer Abdul Baqi Al Jassmi(Dubai Fans) CONTACT NO.:503448488 AGE :40

Referring Healthcare professional : Dr Nadir El Tayeb

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

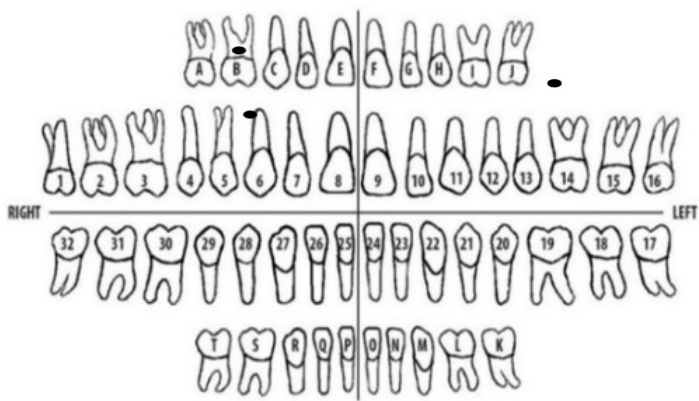
Interpreter needed: ☐YES ☐No

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

Reason for Referral: ☒Consultation ☐radion

- ☐Comprehensiveware
☐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



☐ 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 Abeer Abdul Baqi Al Jassmi(Dubai Fans) Date 2024-06-03 (08:30 - 08:45)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (08:30 - 08:45)</div>