

Dental External Referral Form								
Patient Name	:	Abdullah Marwon Al sabbagh (dubai Fans )		Emirates ID	:	999-9999-999999-9		
File No	:	6550	DOB	:	2006-06-14	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abdullah Marwon Al sabbagh (dubai Fans )

CONTACT NO.:504554520

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 [info@yoland.com](mailto:info@yoland.com))

Reason for Referral:

☐ Consultation

☐ radion

☐Comprehensiveware

☐ 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

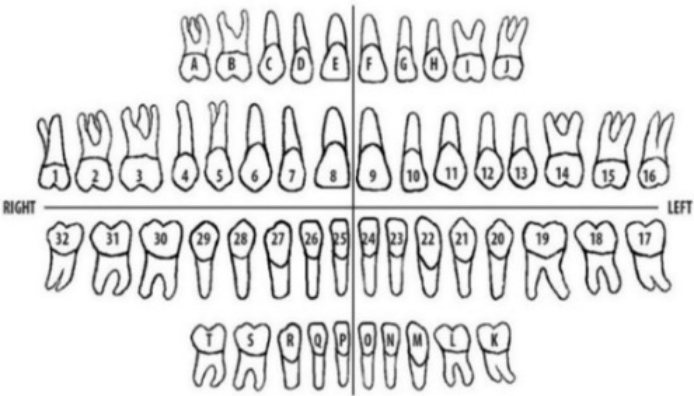
☒ Orthodontic care

☐ 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

	<div></div>
<div>Patient Name</div> <div>Abdullah Marwon Al sabbagh (dubai Fans )</div> <div>Date</div> <div>2024-06-06 (09:30 - 09:45 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (09:30 - 09:45 )</div>