

Dental External Referral Form								
Patient Name	:	Abeer Abdul Khaleq Mohammed		Emirates ID	:	999-9999-999999-9		
File No	:	1351	DOB	:	1985-02-06	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Abdul Khaleq Mohammed

CONTACT NO.:509525259

AGE :39

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

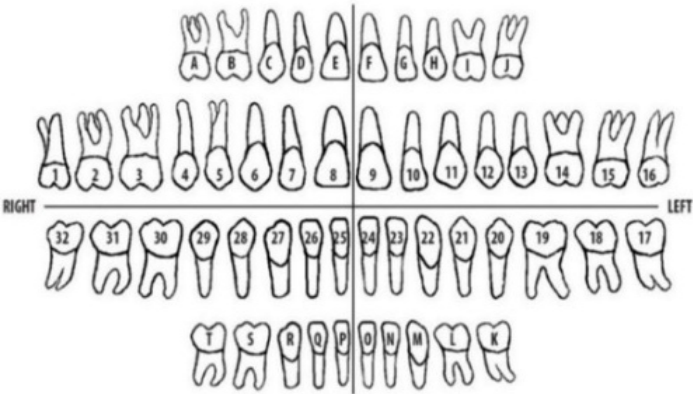
☐radion

- ☐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
	<div></div>

<div>Patient Name</div> <div>Abeer Abdul Khaleq Mohammed</div> <div>Date</div> <div>2024-06-06 (10:00 - 10:15 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (10:00 - 10:15 )</div>
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