

Dental External Referral Form								
Patient Name	:	Aaesha Mohammad Al Teniji(dubai fans)		Emirates ID	:	999-9999-999999-9		
File No	:	6454	DOB	:	1980-04-08	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Aaesha Mohammad Al Teniji(dubai fans)CONTACT NO.:509968680AGE :44

Referring Healthcare professional : Dr Nadir El Tayeb

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

Interpreter needed:☐YES☐No

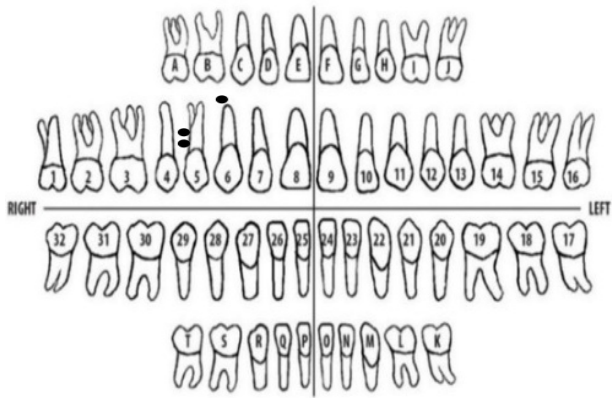
☐X-rays emailed☐X-rays with patient☐Need X-rays (please send X-rays to â€¦.yoland.com)

Reason for Referral:☐Consultation☐radion

☐Comprehensive care☐Crowns☐Bridges☐Denture: Complete☐Denture: Partial☐Denture: Overdenture☐Complex medical needs

☐Endo: RCT only☐Endo: RCT, Permanent Restoration/Crown Care☒Periodontal☐Implants: Surgical only☒Implants: Surgical Restorative and care☒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 Aesha Mohammad Al Teniji(dubai fans)  Date 2024-06-03 (13:00 - 13:15 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-03 (13:00 - 13:15 )</div>

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