

Dental External Referral Form								
Patient Name	:	Abdulla Humaid Al Jabri		Emirates ID	:	999-9999-999999-9		
File No	:	5286	DOB	:	1975-04-05	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abdulla Humaid Al JabriCONTACT NO.:505512513AGE :49

Referring Healthcare professional : Dr Nadir El Tayeb

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

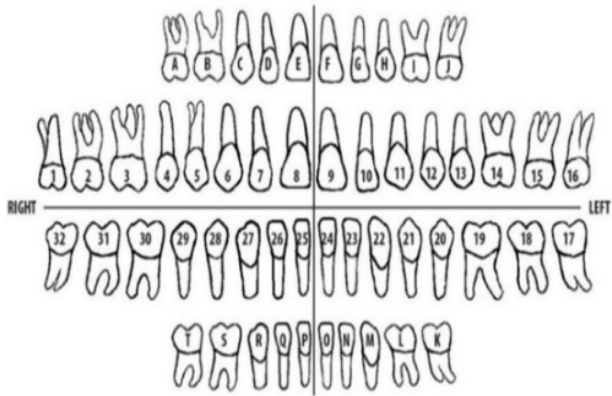
Interpreter needed:☐YES☐No

☐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: Complex Overdenture medical needs☐ Endo: RCT only☐ Endo: Permanent Restoration/Crown☐ RCT, Care☐ Periodontal☐ Implants: Surgical only☒ Implants: Surgical and 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 Abdulla Humaid Al Jabri Date 2024-06-03 (12:45 - 13:00)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (12:45 - 13:00)</div>