

Dental External Referral Form

Patient Name	:	abeera Faisal Mohammed		Emirates ID	:	999-9999-999999-9		
File No	:	4387	DOB	:	1980-01-01	Nationality	:	Other
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::abeera Faisal Mohammed
CONTACT NO.:503763667
AGE :44

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

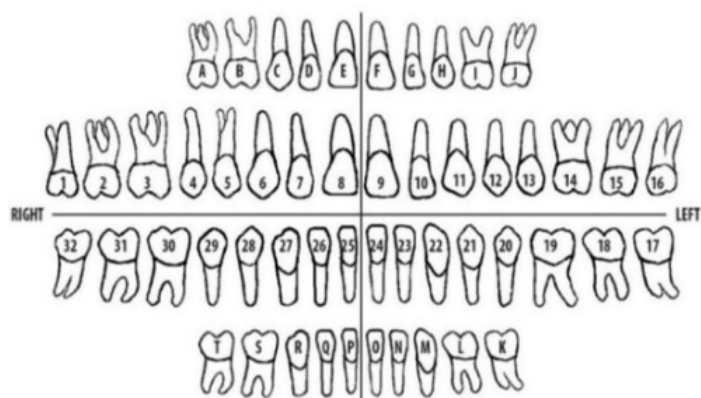
☒ X-rays emailed ☒ X-rays with patient ☒ Need X-rays (please send X-rays to info@yoland.com)

Reason for Referral: ☐ Consultation ☐ radion

☐ Comprehensive care ☐ 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 abeera Faisal Mohammed Date 2024-06-06 (11:15 - 11:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (11:15 - 11:30)</div>