

Dental External Referral Form								
Patient Name	:	Aamna Mohammed Salem Humood Almazrouei(instagram)		Emirates ID	:	999-9999-999999-9		
File No	:	7375	DOB	:	1995-05-11	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Aamna Mohammed Salem HumoodCONTACT NO.:501313011 AGE :29 Almazrouei(instagram)

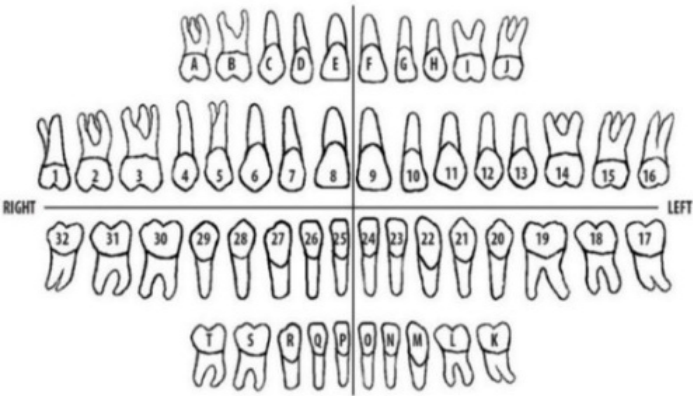
Referring Healthcare professional : Dr Nadir El Tayeb

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 [â€|â€|.yoland.com](mailto:â€|â€|.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 Aamna Mohammed Salem Humood Almazrouei(instagram)  Date 2024-06-06 (09:00 - 09:15 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-06 (09:00 - 09:15 )</div>

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