

Dental Internal Referral Form								
Patient Name	:	Blocked				Emirates ID	:	
File No	:	8321	DOB	:	1900-01-01	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-26

FULL NAME::Blocked CONTACT NO.:042883800 AGE :124

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:
☐Emergent (send patient to ED) ☐Urgent (24-72 hours) ☐Routine (next available)

☒X-rays emailed ☒X-rays with patient

Reason for Referral: ☒Consultation ☒radion

- ☒Comprehensivecare
☐Crowns
☐Bridges
☐Denture:Complete
☐Denture: Partial
☐Denture:Overdenture
☐Complex medical needs
☐Please provide written report
- ☒Endo: RCT only
☒Endo:RCT,Permanent Restoration/Crown
☒Periodontal Care
☐Implants:Surgical only
☐Implants:Surgical Restorative
☐Orthodontic care
☐no written report needed
- ☐Extractions
☒Sedation
☒Special needs (specify type):

Patients:
☐Verbal ☒Non-verbal

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Blocked Date 2024-05-26 (17:00 - 19:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-26 (17:00 - 19:30)