

| 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              | : | 2024-06-04 |

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

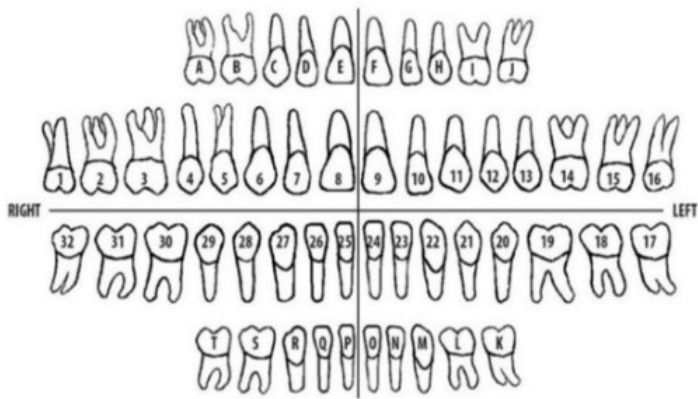
☐X-rays emailed☐X-rays with patient☒Need X-rays (please send X-rays to â€¦.yoland.com)

Reason for Referral:☐Consultation☐radion

- ☐Comprehensiveware☐Crowns☐Bridges☐Denture:Complete☐Denture: Partial☐Denture:Overdenture☐Complex medical needs
- ☐Endo: RCT only☐Endo:RCT,Permanent Restoration/Crown☐Periodontal Care☐Implants: Surgical only☒Implants:Surgical 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 |



Patient signature.



Doctor's Sign & Stamp

Patient Name  
Aesha Mohammad Al Teniji(dubai fans)

Date  
2024-06-04 (12:00 - 12:45 )

Doctor Name  
Dr Nadir El Tayeb - Dental (DHA-T-00171042)

Date  
2024-06-04 (12:00 - 12:45 )