

Dental External Referral Form											
Patient Name		ABIR FAWZI BASHIR BASHIR				Emirates ID		784-1988-7951939-9			
File No		8015		DOB		1988-04-18		Nationality		Iraqi	
Gender		Female		Doctor's Name		Dr Nadir El Tayeb		Date		2024-06-06	

FULL NAME::ABIR FAWZI                      CONTACT NO.:971503672326                      AGE :36

Referring Healthcare professional : Dr Nadir El Tayeb

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

Patients:  
☐Verbal   ☐Non-verbal

☐X-rays emailed   ☐X-rays with patient   ☐Need X-rays (please send X-rays to [info@yoland.com](mailto:info@yoland.com))

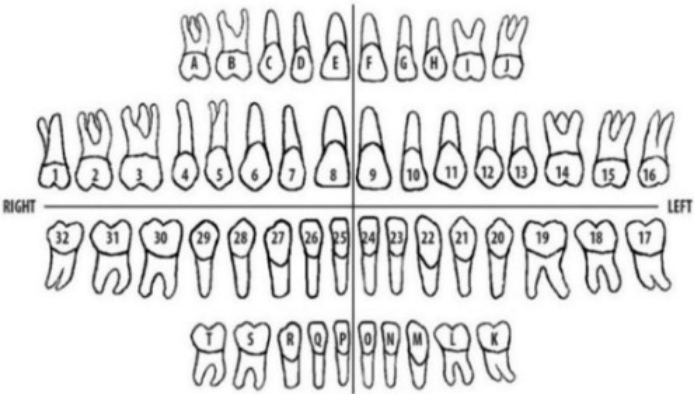
Reason for Referral:      ☒Consultation      ☒radion

☐Comprehensivecare  
☐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
	<div></div>

<div>Patient Name</div> <div>ABIR FAWZI BASHIR BASHIR</div> <div>Date</div> <div>2024-06-06 (11:00 - 11:15 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (11:00 - 11:15 )</div>
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