

Dental External Referral Form								
Patient Name		Abeer Abdo Mohammed			Emirates ID		999-9999-999999-9	
File No		4750	DOB		1984-06-17	Nationality		Yemeni
Gender			Doctor's Name		Dr Nadir El Tayeb	Date		2024-06-03

FULL NAME::Abeer Abdo MohammedCONTACT NO.:526093874AGE :39

Referring Healthcare professional : Dr Nadir El Tayeb

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

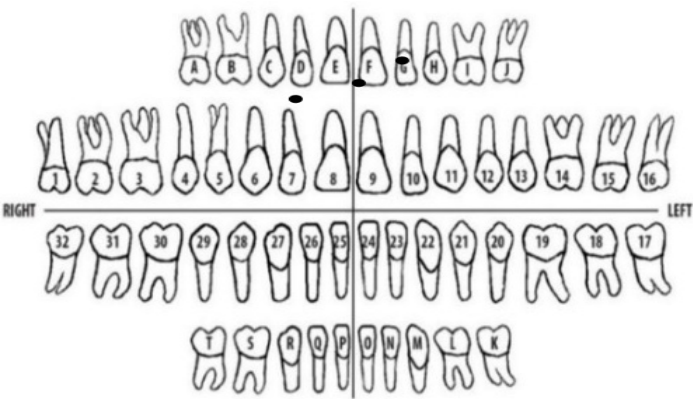
Interpreter needed:☐YES☐No

☒X-rays emailed☐X-rays with patient☐Need X-rays (please send X-rays to [â€¦@.yoland.com](mailto: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

	<div></div>
<div>Patient Name Abeer Abdo Mohammed  Date 2024-06-03 (10:30 - 10:45 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-03 (10:30 - 10:45 )</div>