

Dental External Referral Form								
Patient Name	:	Abdulla Dagash Al Ketbi		Emirates ID	:	999-9999-999999-9		
File No	:	3700	DOB	:	2018-12-10	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::Abdulla Dagash Al Ketbi

CONTACT NO.:529277777

AGE :5

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 info@yoland.com)

Reason for Referral: ☒Consultation ☐radion

☐Comprehensiveware☒Endo: RCT only☐Extractions

☐Crowns☒Endo:RCT,Permanent☐Sedation

☐BridgesRestoration/Crown☐Special needs (specify type):

☐Denture:Complete☐Periodontal Care

☐Denture: Partial☐Implants: Surgical only

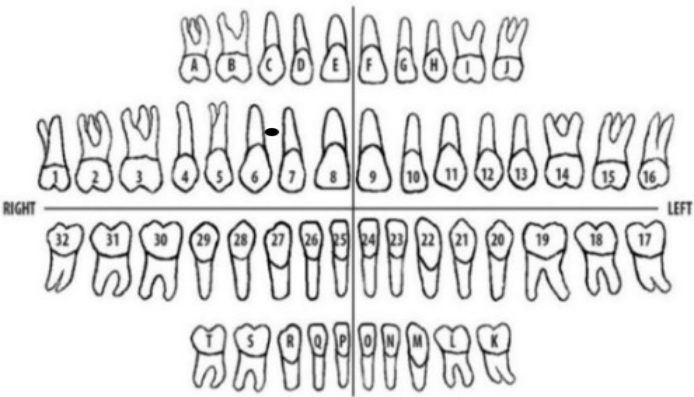
☐Denture:Overdenture☐Implants:Surgical Restorative

☐Complex medical needs☐Orthodontic care

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>Patient Name</div> <div>Abdulla Dagash Al Ketbi</div> <div>Date</div> <div>2024-06-04 (10:45 - 11:00)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-04 (10:45 - 11:00)</div>