Dental External Referral Form									
Patient Name	:	ABDOLFATAH BAHMAN			Emirates ID	:	784-1983-4327175-9		
File No	:	8263	DOB	:	1983-04-21	Nationality	:	Iranian	
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-24	

FULL NAME::ABDOLFATAH CONTACT NO.:971555594955 AGE :41

Referring Healthcare professional : Dr Nadir El Tayeb

PROPHYLACTIC THERAPEUTIC

Complex medical needs::bf

## **EXAMINATION:**

✓ Needs X-rays ▼Comprehensive care ▼Endo:RCT only **✓** Extractions Crowns ✓ Sedation Restoration/Crown **■** Bridges needs(specify type): **☑** Denture: Partial ✓ Denture: Overdenture ✓ Orthodontic care □ No written report Complex medical needs: □Please provide written report needed for 🧿 0 Reason Interpreter Patient Onon-YES No Referral: Consultation radion needed:: verbal verbal

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction						
PATIENT	DOCTOR					
Patient Name ABDOLFATAH BAHMAN Date 2024-05-24 (09:00 - 09:15 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-24 (09:00 - 09:15 )					