

Dental External Referral Form

Patient Name	:	Sara Abdulhamid Ahmad Abdulla Alhashmi	Emirates ID	:	784-1986-6281068-2
File No	:	8271	DOB	:	1986-10-26
Nationality	:	Emirati			
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb
Date	:	2024-05-30			

FULL NAME::Sara Abdulhamid CONTACT NO.:971506553889 AGE :37

Referring Healthcare professional : Dr Nadir El Tayeb

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

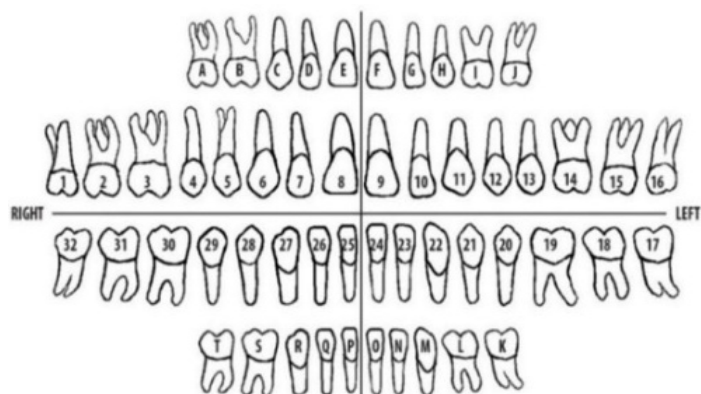
Interpreter needed: ☒ YES ☐ No

☐ X-rays emailed
 ☒ X-rays with patient
 ☐ Need X-rays (please send X-rays to info@yoland.com)

Reason for Referral: ☐ Consultation ☐ radion

EXAMINATION:

<input type="checkbox"/> Comprehensive care	<input type="checkbox"/> Endo:RCT only	<input type="checkbox"/> Extractions
<input type="checkbox"/> Crowns	<input type="checkbox"/> Endo:RCT,Permanent Restoration/Crown	<input type="checkbox"/> Sedation
<input type="checkbox"/> Bridges	<input type="checkbox"/> Periodontal Care	<input type="checkbox"/> Special needs(specify type):
Patents:	<input checked="" type="checkbox"/> verbal	<input checked="" type="checkbox"/> Non verbal
<input type="checkbox"/> Denture: Complete	<input type="checkbox"/> Implants: Surgical only	<input type="checkbox"/> Denture: Partial
<input type="checkbox"/> Implants:Surgical and Restorative	<input type="checkbox"/> Denture: Overdenture	<input type="checkbox"/> Orthodontic care
<input type="checkbox"/> Complex medical needs:	<input type="checkbox"/> Please provide written report via Email	



Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
<div>Patient Name Sara Abdulhamid Ahmad Abdulla Alhashmi Date 2024-05-30 (09:00 - 09:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-30 (09:00 - 09:30)</div>