

Dental External Referral Form								
Patient Name	:	AAAAAA		Emirates ID	:	999-9999-9999999-9		
File No	:	3127	DOB	:	2018-06-07			
Gender	:		Doctor's Name	:	Dr Reham Abuteer	Date	:	2024-06-14

Referring Healthcare professional : Dr Reham Abuteer

This Referral is:

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

Interpreter needed:      ☐ YES    ☐ NO

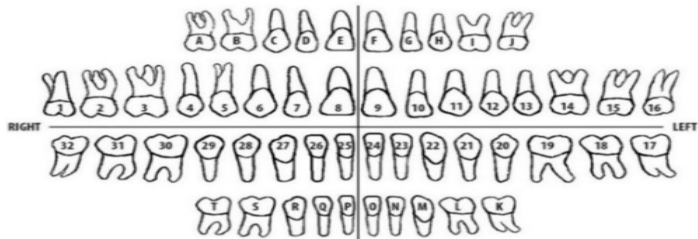
- ☐ X-rays emailed    ☐ X-rays with patient    ☒ Need X-rays (please send X-rays to [â€|â€|.yoland.com](mailto:â€|â€|.yoland.com))

Reason for Referral:

- ☐ Consultation    ☐ radion
- ☐ Comprehensivecare      ☐ Endo: RCT only      ☐ Extractions  
☐ Crowns      ☐ Endo:RCT,Permanent Restoration/Crown      ☐ Sedation  
☐ Bridges      ☒ Periodontal Care      ☐ Special needs (specify type):  
☐ Denture:Complete      ☐ Implants: Surgical only  
☐ Denture: Partial      ☐ Implants:Surgical Restorative  
☐ Denture:Overdenture      ☐ Orthodontic care  
☐ Complex medical needs

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>
Patient Name AAAAAA  Date 2024-06-14 (11:30 - 11:45 )	Doctor Name Dr Reham Abuteer - Dental (DHA-T-00219566)  Date 2024-06-14 (11:30 - 11:45 )