Dental External Referral Form

Patient Name	:	Abdulrahman hasaan Al obeidil				Emirates ID	:	999-9999-999999-9
File No	:	4617	DOB	:	1980-01-01	Nationality	:	Other
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abdulrahman hasaan Al obeidil CONTACT NO.:529255556 AGE :44

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 â€¦â€¦.yoland.com)

Reason for Referral: ☐ Consultation ☑ radion

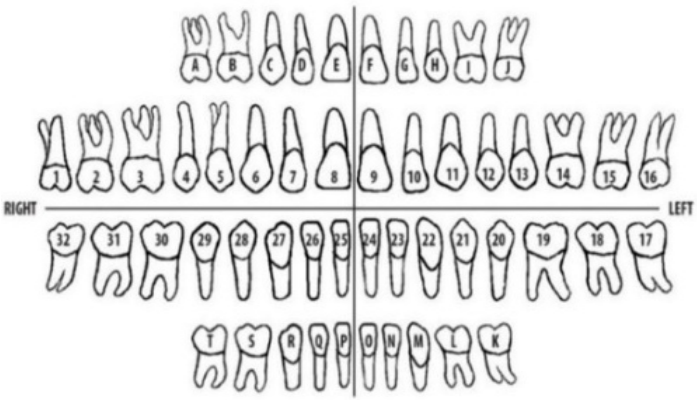
☐ Comprehensivecare
☐ Crowns
☐ Bridges
☐ Denture:Complete
☐ Denture: Partial
☐ Denture:Overdenture
☐ Complex medical needs

☑ Endo: RCT only
☐ Endo:RCT,Permanent Restoration/Crown
☐ Periodontal Care
☐ Implants: Surgical only
☐ Implants:Surgical Restorative
☐ Orthodontic care

☐ Extractions
☐ Sedation
☐ Special needs (specify type):

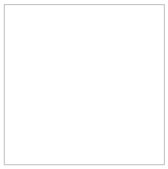
Patients:

☐ 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

	
Patient Name Abdulrahman hasaan Al obeidil Date 2024-06-06 (10:45 - 11:00)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (10:45 - 11:00)