

Dental External Referral Form								
Patient Name	:	Abeer Abdul Baqi Al Jassmi(Dubai Fans)		Emirates ID	:	999-9999-999999-9		
File No	:	5451	DOB	:	1983-07-03	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abeer Abdul Baqi Al Jassmi(Dubai Fans)CONTACT NO.:503448488AGE :40

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

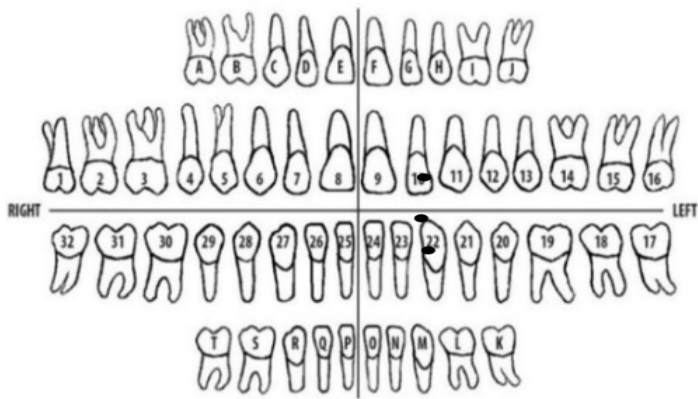
☐X-rays emailed☒X-rays with patient☒Need X-rays (please send X-rays to â€¦.yoland.com)

Reason for Referral:☒Consultation☒radion

- ☐Comprehensiveware☐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

	<div></div>
<div>Patient Name Abeer Abdul Baqi Al Jassmi(Dubai Fans) Date 2024-06-03 (09:45 - 10:00)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (09:45 - 10:00)</div>