

| Dental Internal Referral Form | | | | | | | | |
|-------------------------------|---|--------------------------------|---------------|-------------|-------------------|-------------------|---|------------|
| Patient Name | : | (Amnah) Shaikah Mohammed Juma | | Emirates ID | : | 999-9999-999999-9 | | |
| File No | : | 3194 | DOB | : | 1980-01-01 | Nationality | : | Emirati |
| Gender | : | | Doctor's Name | : | Dr Nadir El Tayeb | Date | : | 2024-06-03 |

FULL NAME::(Amnah) Shaikah Mohammed Juma

CONTACT NO.:505599984

AGE :44

Referring Healthcare professional : Dr Nadir El Tayeb

☒Emergent (send patient to ED)

☐Urgent (24-72 hours)

☐Routine (next available)

☐X-rays emailed

☐X-rays with patient

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

Reason for Referral: ☒Consultation ☒radion

- ☒Comprehensivecare
- ☐ Crowns
- ☐ Bridges
- ☐Denture:Complete
- ☐ Denture: Partial
- ☐ Denture:Overdenture
- ☐ Complex medical needs
- ☐ Please provide written report
- ☒ Endo: RCT only
- ☒Endo:RCT,Permanent Restoration/Crown
- ☒Periodontal Care
- ☐ Implants: Surgical only
- ☐Implants:Surgical Restorative
- ☐ Orthodontic care
- ☐ no written report needed
- ☐ Extractions
- ☐ Sedation
- ☐ Special needs (specify type):

Patients:

☐Verbal

☐Non-verbal

Evaluated by :Dr Nadir El Tayeb

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|--|-------------|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
| | <div></div> |

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| <div>Patient Name</div> <div>(Amnah) Shaikah Mohammed Juma</div> <div>Date</div> <div>2024-06-03 (09:00 - 09:15)</div> | <div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-03 (09:00 - 09:15)</div> |
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