

Dental External Referral Form								
Patient Name	:	Aalya Abdulrazzaq Al Attar		Emirates ID	:	999-9999-999999-9		
File No	:	4298	DOB	:	1989-01-01	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Aalya Abdulrazzaq Al Attar CONTACT NO.:562888211 AGE :35

Referring Healthcare professional : Dr Nadir El Tayeb

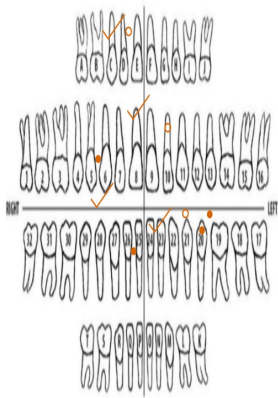
☒Emergent (send patient to ED) ☐Urgent (24-72 hours) ☐Routine (next available)

Interpreter needed: ☒YES ☐No

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

Reason for Referral: ☒Consultation ☐radion

☒ Comprehensive care ☐ Crowns ☐ Bridges ☐ Denture: Complete ☐ Denture: Partial ☒ Denture: Complex Overdenture ☐ New medical Column needs



☐ 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></div>
Patient Name Aalya Abdulrazzaq Al Attar Date 2024-06-03 (09:45 - 10:00)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (09:45 - 10:00)