

Dental External Referral Form								
Patient Name	:	Abeer Essa Al Emadi			Emirates ID	:	999-9999-999999-9	
File No	:	3097	DOB	:	1995-09-16	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

AGE :28

This Referral is:

☒ Routine (next available)☐ No

Reason for Referral:

☒ radion

Extractions

 Sedation

 Special needs (specify type):

Periodontal Care

☐ Implants: Surgical only

☐ Implants: Surgical Restorative

☒ Orthodontic care☐ Non-verbal

PATIENT

DOCTOR

	<div></div>
<div>Patient Name Abeer Essa Al Emadi 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>

□