

Dental External Referral Form								
Patient Name	:	Abdulla Al Zarooni		Emirates ID	:	999-9999-999999-9		
File No	:	1825	DOB	:	1989-05-26	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::Abdulla Al Zarooni CONTACT NO.:501797779 AGE :35

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


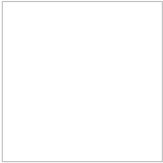
☐X-rays emailed ☐X-rays with patient ☐Need X-rays (please send X-rays to â€|â€|.yoland.com)

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

Circle below the tooth/teeth of referral:
☐ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Abdulla Al Zarooni Date 2024-06-04 (08:15 - 08:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-04 (08:15 - 08:30)