

Dental Internal Referral Form								
Patient Name	:	Abeer Muhsin AL Shammri		Emirates ID	:	999-9999-999999-9		
File No	:	1281	DOB	:	2017-03-01	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abeer Muhsin AL ShammriCONTACT NO.:509404404AGE :7

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

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

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Abeer Muhsin AL Shammri  Date 2024-06-03 (09:00 - 09:15 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-03 (09:00 - 09:15 )