

Dental Internal Referral Form								
Patient Name	:	DUAA TAHA ALI ELBASHIR		Emirates ID	:	784-1994-0918065-2		
File No	:	8253	DOB	:	1994-09-09	Nationality	:	Sudanese
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::DUAA CONTACT NO.:971565570078 AGE :29

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:
☐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 DUAA TAHA ALI ELBASHIR Date 2024-06-04 (11:00 - 12:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-04 (11:00 - 12:30)