

Dental External Referral Form								
Patient Name	:	Abeer Abdul Rahman BA nafea		Emirates ID	:	999-9999-999999-9		
File No	:	1271	DOB	:	1984-02-11	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Abdul Rahman
BA nafea

CONTACT NO.:567259253

AGE :40

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 ayoland@yoland.com)

Reason for Referral:

☐ Consultation

☐ radion

☐Comprehensiveware

☐ Endo: RCT only

☐ Extractions

☐ Crowns

☐ Endo:RCT,Permanent Restoration/Crown

☐ Sedation

☐ Bridges

☐ Periodontal Care

☐ Special needs (specify type):

☐Denture:Complete

☐ Implants: Surgical only

☐ Denture: Partial

☐ Implants:Surgical Restorative

☐ Denture:Overdenture

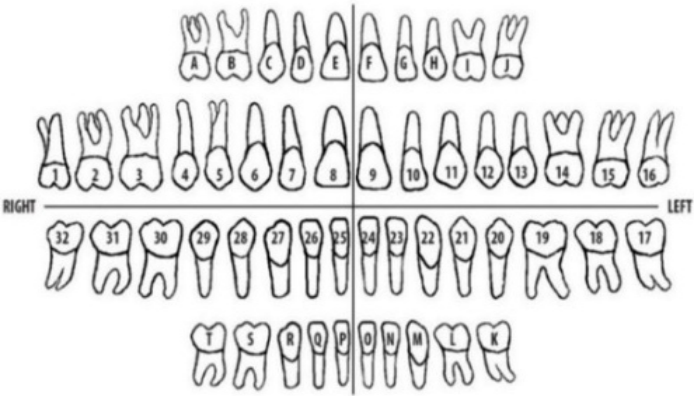
☒ Orthodontic care

☐ Complex medical needs

Patients:

☐ Verbal

☐ Non-verbal



☐ 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>Patient Name</div> <div>Abeer Abdul Rahman BA nafea</div> <div>Date</div> <div>2024-06-06 (08:00 - 08:15)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (08:00 - 08:15)</div>
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