

Dental External Referral Form								
Patient Name	:	(Amnah) Shaikah Mohammed Juma			Emirates ID	:	999-9999-999999-9	
File No	:	3194	DOB	:	1980-01-01	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::(Amnah) Shaikah Mohammed Juma

CONTACT NO.:505599984

AGE :44

Referring Healthcare professional : Dr Nadir El Tayeb

☒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€¦.yoland.com)

Reason for Referral: ☒Consultation ☐radion

- ☐Comprehensiveware
- ☐ Crowns
- ☐ Bridges
- ☐Denture:Complete
- ☐ Denture: Partial
- ☐ Denture:Overdenture
- ☐ Complex medical needs

Reason for Referral:

Patients: ☐ Verbal ☐ Non-verbal

☐ Endo: RCT only

☒ Endo:RCT,Permanent Restoration/Crown

☐Periodontal Care

☐ Implants: Surgical only

☒ Implants: Surgical and Restorative

☐ Orthodontic care

☐ Extractions

☐ Sedation

☐ Special needs (specify type):

☐ 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>(Amnah) Shaikah Mohammed Juma</div> <div>Date</div> <div>2024-06-03 (08:30 - 08:45)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-03 (08:30 - 08:45)</div>
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