

Dental Internal 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)

☐X-rays emailed

☐X-rays with patient

☒Need X-rays (please send X-rays to amnah.yoland.com)

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>

<div>Patient Name (Amnah) Shaikah Mohammed Juma</div> <div>Date 2024-06-03 (08:00 - 08:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-03 (08:00 - 08:30)</div>
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