

Dental External Referral Form								
Patient Name	:	ABDOLFATAH BAHMAN		Emirates ID	:	784-1983-4327175-9		
File No	:	8263	DOB	:	1983-04-21	Nationality	:	Iranian
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-24

FULL NAME::ABDOLFATAH CONTACT NO.:971555594955 AGE :41

Referring Healthcare professional : Dr Nadir El Tayeb

PROPHYLACTIC

THERAPEUTIC



Complex medical needs::dc

EXAMINATION:

- ☐X-rays taken
- ☐Needs X-rays
- ☐Comprehensive care
- ☐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 and Restorative
- ☐Denture: Overdenture
- ☐Orthodontic care
- ☐Complex medical needs:
- ☐Please provide written report
- ☐No written report needed

Reason for Referral: ☒ Consultation ☐ radion Interpreter needed::: ☐ YES ☒ No Patient is ☐ 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
	
Patient Name ABDOLFATAH BAHMAN Date 2024-05-24 (09:00 - 09:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-24 (09:00 - 09:15)