

Dental External Referral Form								
Patient Name		: Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952)			Emirates ID		: 999-9999-9999999-9	
File No		: 7124	DOB		: 2006-09-28	Nationality		: Emirati
Gender		: Female	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-03

FULL NAME::Aaesha Ali Mohammed Leqyoos Alshehhi (FB1CONTACT NO.:501222871 AGE :17 952)

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€|â€|.yoland.com)

Reason for Referral: ☐Consultation ☐radion

- ☐ Comprehensivecare
- ☐ 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

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
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Patient Name Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952) Date 2024-06-03 (16:15 - 16:45)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (16:15 - 16:45)