

Dental Internal Referral Form								
Patient Name	:	Bashayer Hussain Ali Saleh Langawi		Emirates ID	:	784-1992-0491420-6		
File No	:	5693	DOB	:	1992-02-06	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-12

FULL NAME: Bashayer Hussain      CONTACT NO.:971551001005      AGE :32

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:

☐ Emergent (send patient to ED)      ☐ Urgent (24-72 hours)      ☐ Routine (next available)

☒ X-rays emailed      ☐ X-rays with patient

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):

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></div>
Patient Name Bashayer Hussain Ali Saleh Langawi  Date 2024-06-12 (08:45 - 23:30 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-12 (08:45 - 23:30 )