

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

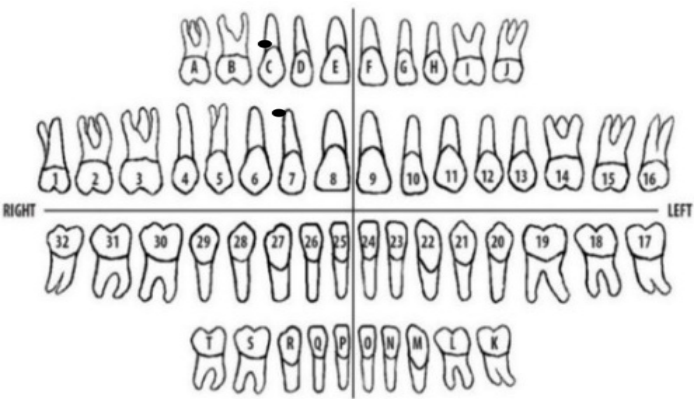
☐X-rays emailed ☐X-rays with patient ☐Need X-rays (please send X-rays to [amnah.yoland.com](mailto:amnah.yoland.com))

Reason for Referral: ☐Consultation ☐radion

- ☐Comprehensiveware☐ Endo: RCT only☐ Extractions
- ☐ Crowns☐ Endo:RCT,Permanent☐ Sedation
- ☐ Bridges☐ Restoration/Crown☐ Special needs (specify type):
- ☐Denture:Complete☐ Periodontal Care
- ☐ Denture: Partial☒ Implants: Surgical only
- ☐ Denture:Overdenture☒Implants:Surgical Restorative and
- ☐ Complex medical needs☐ Orthodontic care

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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<div>Patient Name (Amnah ) Shaikah Mohammed Juma  Date 2024-06-03 (08:45 - 09:00 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-03 (08:45 - 09:00 )</div>