

Dental External Referral Form								
Patient Name	:	Abeer Asad Bahzad		Emirates ID	:	999-9999-999999-9		
File No	:	646	DOB	:	1975-03-07	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Asad Bahzad      CONTACT NO.:504544418      AGE :49

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:  
☐Emergent (send patient to ED)      ☒Urgent (24-72 hours)      ☒Routine (next available)

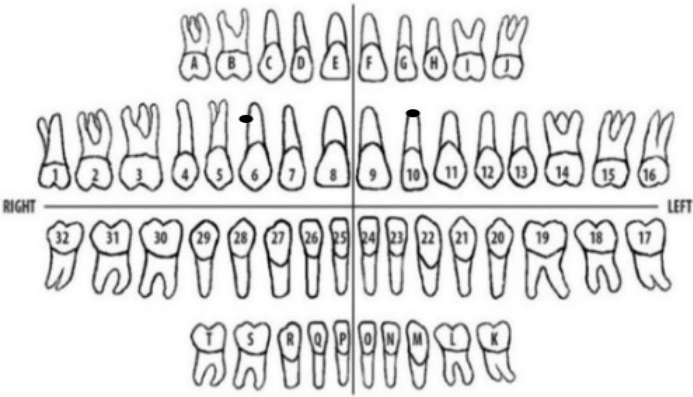
Interpreter  
needed:  
☐YES      ☐No

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

Reason for Referral:  
☐Consultation      ☐radion

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

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
	<div></div>

<div>Patient Name</div> <div>Abeer Asad Bahzad</div> <div>Date</div> <div>2024-06-06 (10:45 - 11:00 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (10:45 - 11:00 )</div>
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