

Dental External Referral Form

Patient Name	:	Abdul raheem Saed Alebri		Emirates ID	:	999-9999-999999-9				
File No	:	3833	DOB	:	1991-12-03		Nationality	:	Emirati	
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb		Date	:	2024-06-06	

FULL NAME::Abdul raheem Saed Alebri

CONTACT NO.:501330118

AGE :32

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)

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 Restorative

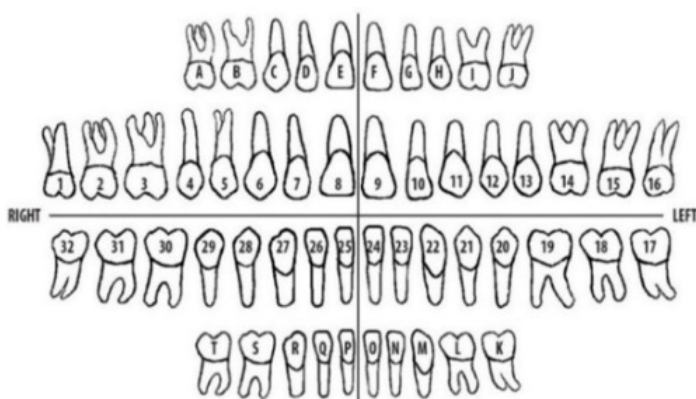
☐ Denture:Overdenture

☒ 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

	<div></div>
<div>Patient Name Abdul raheem Saed Alebri Date 2024-06-06 (09:00 - 09:15)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (09:00 - 09:15)</div>