

| Dental External Referral Form | | | | | | | | |
|-------------------------------|---|--|---------------|-------------|-------------------|-------------------|---|------------|
| Patient Name | : | Abeer Abdul Baqi Al Jassmi(Dubai Fans) | | Emirates ID | : | 999-9999-999999-9 | | |
| File No | : | 5451 | DOB | : | 1983-07-03 | Nationality | : | Emirati |
| Gender | : | Female | Doctor's Name | : | Dr Nadir El Tayeb | Date | : | 2024-06-06 |

FULL NAME::Abeer Abdul Baqi Al Jassmi(Dubai Fans)CONTACT NO.:503448488AGE :40

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 â€¦.yoland.com)

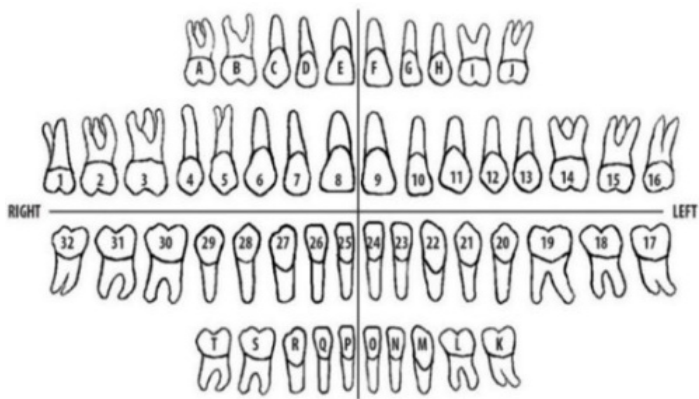
Reason for Referral:

- ☒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 Restorative
- ☐ Denture:Overdenture
- ☐ Orthodontic care
- ☐ Complex medical needs

Patients:

- ☐Verbal ☐Non-verbal



- ☐ Please provide written report via Email

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|--|--------|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |

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|--|--|
| | <div></div> |
| <div>Patient Name Abeer Abdul Baqi Al Jassmi(Dubai Fans) Date 2024-06-06 (09:15 - 09:30)</div> | <div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (09:15 - 09:30)</div> |

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