Dental External Referral Form

Patient Name	:	Abunat Salim Al kattbi (dubai fans)				Emirates ID	:	999-9999-999999-9
File No	:	6915	DOB	:	1980-01-01	Nationality	:	Other
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abunat Salim Al kattbi (dubai fans) CONTACT NO.:566766662 AGE :44

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€¦â€¦.yoland.com)

Reason for Referral:

☐ Consultation ☑ radion

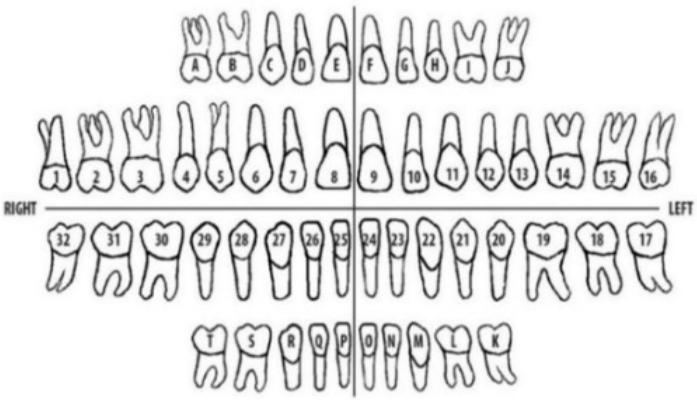
☐ Comprehensivecare
☐ Crowns
☐ Bridges
☐ Denture:Complete
☐ Denture: Partial
☐ Denture:Overdenture
☐ Complex medical needs

☐ Endo: RCT only
☐ Endo:RCT,Permanent Restoration/Crown
☐ Periodontal Care
☐ Implants: Surgical only
☐ Implants:Surgical Restorative
☑ Orthodontic care

☐ Extractions
☐ Sedation
☐ Special needs (specify type):

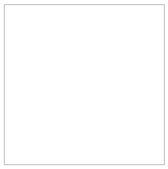
Patients:

☐ 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

	
Patient Name Abunat Salim Al kattbi (dubai fans) Date 2024-06-06 (09:00 - 09:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (09:00 - 09:15)