Dental External Referral Form

Patient Name	:	Abrar Mohammed Al Bastaki				Emirates ID	:	999-9999-999999-9
File No	:	3196	DOB	:	1989-05-09	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abrar Mohammed Al Bastaki CONTACT NO.:503838938 AGE :35

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

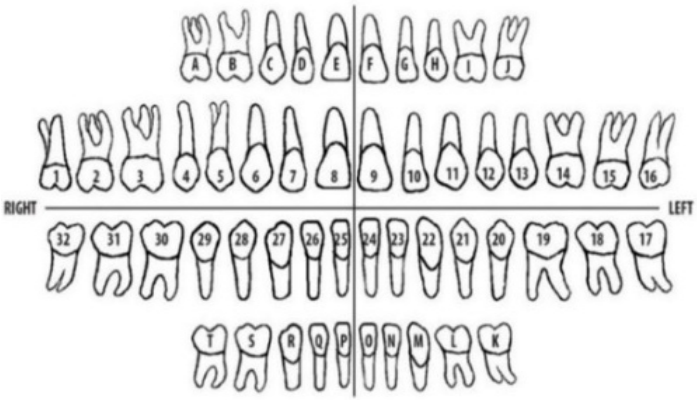
☐ Comprehensivecare
☐ Crowns
☐ Bridges
☐ Denture:Complete
☐ Denture: Partial
☑ Denture:Overdenture
☑ Complex medical needs

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

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

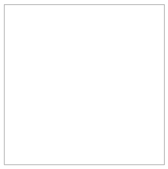
Patients:

☐ 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 Abrar Mohammed Al Bastaki Date 2024-06-03 (10:00 - 10:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (10:00 - 10:15)