

Dental Internal Referral Form								
Patient Name	:	Abdulla Ahmed Al Sayegh		Emirates ID	:	999-9999-999999-9		
File No	:	59	DOB	:	1970-04-14	Nationality	:	Emirati
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-05

FULL NAME::Abdulla Ahmed Al Sayegh

CONTACT NO.:554258046

AGE :54

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:

☐Emergent (send patient to ED)

☐Urgent (24-72 hours)

☐Routine (next available)

☐X-rays emailed

☐X-rays with patient

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
- ☐ no written report needed
- ☐ Please provide written report

Patients:

☐ Verbal

☐ Non-verbal

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
<div>Patient Name Abdulla Ahmed Al Sayegh</div> <div>Date 2024-06-05 (11:15 - 11:30 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-05 (11:15 - 11:30 )</div>