

Dental External Referral Form								
Patient Name	:	Sara Abdulhamid Ahmad Abdulla Alhashmi		Emirates ID	:	784-1986-6281068-2		
File No	:	8271	DOB	:	1986-10-26	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-30

FULL NAME::Sara Abdulhamid CONTACT NO.:971506553889 AGE :37

Referring Healthcare professional : Dr Nadir El Tayeb

☒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



☐ Comprehensive care ☐ Crowns ☐ Bridges ☐ Denture: Complete ☐ Denture: Partial ☐ Denture: Overdenture ☒ Complex medical needs

Patients: ☐ Verbal ☐ Non-verbal

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

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

☒ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Sara Abdulhamid Ahmad Abdulla Alhashmi Date 2024-05-30 (09:00 - 09:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-30 (09:00 - 09:30)