Dental External Referral Form								
Patient Name	:	ABDOLFATAH BAHMAN			Emirates ID :		784-1983-4327175-9	
File No		8263	DOB		1983-04-21	Nationality	:	Iranian
Gender		Male	Doctor's Name		Dr Nadir El Tayeb	Date	:	2024-05-24

FULL NAME::ABDOLFATAH CONTACT NO.:971555594955 AGE :41

Referring Healthcare professional : Dr Nadir El Tayeb

PROPHYLACTIC THERAPEUTIC

Complex medical needs:: bf

## **EXAMINATION:**

							□Need		X-ray
□X-rays emailed			✓ X-rays with patient				(please send X-ray to		
							…….	yoland	l.com)
□Comprehensive care			□Endo:RCT only	□Extractions					
Crowns				□ Sedation					
□Bridges			□Periodontal Care	☐Special needs(specify type)					
□Denture: Com	plete	□Implants: Surgical only				□Denture: Partial			
□Implants:Surgical and Restorative			□Denture: Overden	✓ Orthodontic care					
□Complex medical needs: □Please provide writte				itten r	eport	via Email			
Reason Referral:	for © Consultation	C radion	Interpreter needed::	O YES	C No	Patient is	C verbal	○ nor verba	

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction							
PATIENT	DOCTOR						
Patient Name ABDOLFATAH BAHMAN Date 2024-05-24 (09:00 - 09:15 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-24 (09:00 - 09:15 )						