

Dental External Referral Form								
Patient Name	:	Alia Mohammad Al Janahi		Emirates ID	:	999-9999-999999-9		
File No	:	11	DOB	:	1980-01-01	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-23

FULL NAME::Alia Mohammad Al Janahi

CONTACT NO.:504980444

AGE :44

Referring Healthcare professional : Dr Nadir El Tayeb

PROPHYLACTIC

THERAPEUTIC

Complex medical needs::gtb

EXAMINATION:

☐X-rays emailed

☒X-rays with patient

☐Comprehensive care

☒Endo:RCT only

☐Crowns

☐Endo:RCT,Permanent Restoration/Crown

☐Bridges

☐Periodontal Care

☐Denture: Complete

☐Implants: Surgical only

☐Implants:Surgical and Restorative

☐Denture: Overdenture

☐Complex medical needs:

☐Please provide written report via Email

☐Need X-rays (please send X-rays to yoland.com)

☐Extractions

☐Sedation

☐Special needs(specify type):

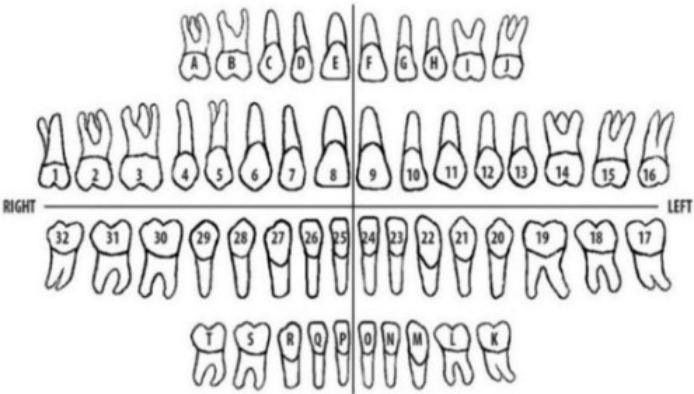
☐Denture: Partial

☐Orthodontic care

Reason for ☐ Consultation ☐ radion

Interpreter needed:: ☐ YES ☐ No

Patient is ☐ 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 Alia Mohammad Al Janahi Date 2024-05-23 (08:45 - 09:00)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-23 (08:45 - 09:00)</div>

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