

Dental External Referral Form								
Patient Name	:	Aaesha Mohammad Al Teniji(dubai fans)		Emirates ID	:	999-9999-999999-9		
File No	:	6454	DOB	:	1980-04-08	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Aaesha Mohammad Al Teniji(dubai fans)CONTACT NO.:509968680AGE :44

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 â€¦.yoland.com)

Reason for Referral:☐Consultation☐radion

☐Comprehensiveware☐Endo: RCT only☐Extractions
☐Crowns☐Endo:RCT,Permanent☒Sedation
☐BridgesRestoration/Crown☒Special needs (specify type):
☐Denture:Complete☒Periodontal Care
☐Denture: Partial☒Implants: Surgical only
☐Denture:Overdenture☐Implants: Surgical and
☐Complex medical needsRestorative
☐Orthodontic care
Patients: ☐Verbal☐Non-verbal

Circle below the tooth/teeth of referral:
☐ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
<div></div>	<div></div>
Patient Name Aaesha Mohammad Al Teniji(dubai fans) Date 2024-06-03 (16:00 - 16:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (16:00 - 16:15)