Dental External Referral Form

Patient Name	:	AAAAAA				Emirates ID	:	999-9999-999999-9
File No	:	3127	DOB	:	2018-06-07	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::AAAAAA   CONTACT NO.:0   AGE :5

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€¦â€¦.yoland.com)

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 and Restorative
☐ Denture:Overdenture   ☐ Orthodontic care
☐ Complex medical needs

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
Patient Name AAAAAA Date 2024-06-03 (08:15 - 08:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (08:15 - 08:30)