

Dental External Referral Form								
Patient Name	:	Abeer Asad Bahzad		Emirates ID	:	999-9999-999999-9		
File No	:	646	DOB	:	1975-03-07	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abeer Asad Bahzad      CONTACT NO.:504544418      AGE :49

Referring Healthcare professional : Dr Nadir El Tayeb

☒Emergent (send patient to ED)      ☐Urgent (24-72 hours)      ☐Routine (next available)

Interpreter needed:      ☐YES      ☐No

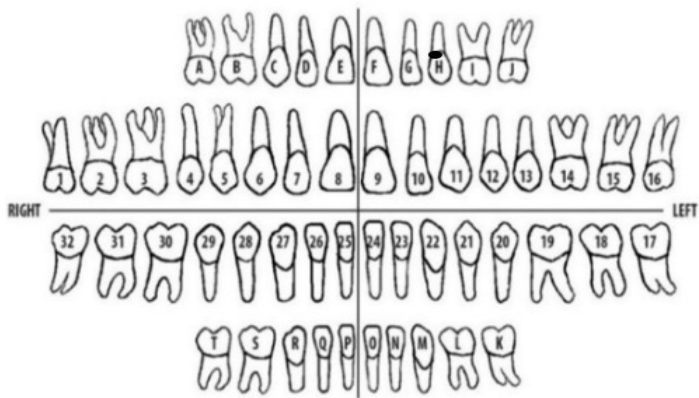
☐X-rays emailed    ☒X-rays with patient    ☒Need X-rays (please send X-rays to [ahmed.yoland.com](mailto:ahmed.yoland.com))

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

Patients:

☐Verbal      ☐Non-verbal



☐ 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>Patient Name</div> <div>Abeer Asad Bahzad</div> <div>Date</div> <div>2024-06-03 (09:00 - 09:15 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-03 (09:00 - 09:15 )</div>
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