

Dental Internal Referral Form								
Patient Name	:	Abdulla Al Zarooni		Emirates ID	:	999-9999-999999-9		
File No	:	1825	DOB	:	1989-05-26	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-05

FULL NAME::Abdulla Al Zarooni      CONTACT NO.:501797779      AGE :35

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:  
☐Emergent (send patient to ED)      ☐Urgent (24-72 hours)      ☐Routine (next available)

☐X-rays emailed      ☐X-rays with patient

Reason for Referral:      ☐Consultation      ☐radion

- ☐Comprehensivecare  
☒Crowns  
☐Bridges  
☐Denture:Complete  
☐Denture: Partial  
☐Denture:Overdenture  
☐Complex medical needs  
☐Please provide written report
- ☐Endo: RCT only  
☐Endo:RCT,Permanent Restoration/Crown  
☐Periodontal Care  
☒Implants:Surgical only  
☒Implants:Surgical Restorative  
☒Orthodontic care  
☐no written report needed
- ☐Extractions  
☐Sedation  
☐Special needs (specify type):

Patients:  
☐ 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>
Patient Name Abdulla Al Zarooni  Date 2024-06-05 (10:45 - 11:00 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-05 (10:45 - 11:00 )