

Dental Internal Referral Form								
Patient Name		: Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952)			Emirates ID		: 999-9999-999999-9	
File No		: 7124	DOB		: 2006-09-28	Nationality		: Emirati
Gender		: Female	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-04

FULL NAME::Aaesha Ali Mohammed Leqyoos Alshehhi (FB1CONTACT NO.:501222871 AGE :17 952)

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 Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952) Date 2024-06-04 (10:45 - 11:00)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-04 (10:45 - 11:00)