Dental External Referral Form

Patient Name	:	ABDOLFATAH BAHMAN				Emirates ID	:	784-1983-4327175-9
File No	:	8263	DOB	:	1983-04-21	Nationality	:	Iranian
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-24

FULL NAME::ABDOLFATAH CONTACT NO.:971555594955 AGE :41

Referring Healthcare professional : Dr Nadir El Tayeb

PROPHYLACTIC THERAPEUTIC

Complex medical needs::

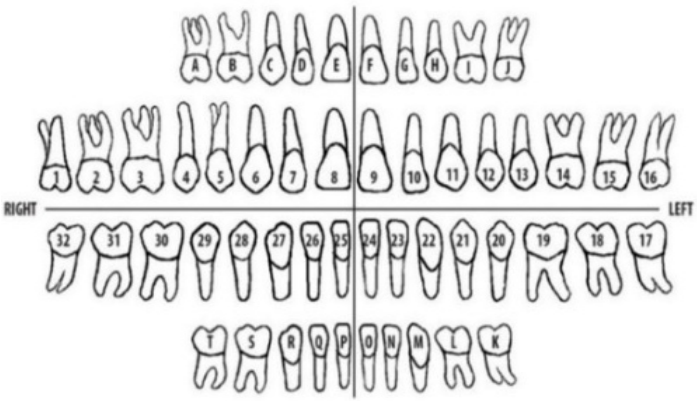
EXAMINATION:

☐X-rays emailed	☐X-rays with patient	☐Need X-rays (please send X-rays to â€¦â€¦.yoland.com)
☐Comprehensive care	☐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:	☐Please provide written report via Email	

Reason for Referral: ○ Consultation ○ radion

Interpreter needed:: ○ YES ○ No

Patient is ☑ 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

	
Patient Name ABDOLFATAH BAHMAN Date 2024-05-24 (09:00 - 09:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-24 (09:00 - 09:15)