

Dental Internal Referral Form								
Patient Name	:	Ayesha Saif Al Gurair		Emirates ID	:	999-9999-999999-9		
File No	:	1142	DOB	:	1980-01-01	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-30

FULL NAME::Ayesha Saif Al Gurair CONTACT NO.:5053559000 AGE :44

Referring Healthcare professional : Dr Nadir El Tayeb

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

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

Reason for Referral: ☐Consultation ☐radion

☐ Comprehensive care ☒ Crowns ☐ Bridges ☐ Denture: Complete ☐ Denture: Partial ☐ Denture: Overdenture ☐ Complex medical needs ☐ Please provide written report

Patients: ☐ Verbal ☐ Non-verbal

☐ Endo: RCT only ☐ Endo: Permanent Restoration/Crown ☐ RCT, ☐ Periodontal Care ☒ Implants: Surgical only ☒ Implants: Surgical and Restorative ☐ Orthodontic care ☐ no written report needed

☐ Extractions ☐ Sedation ☐ Special needs (specify type):

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 Ayesha Saif Al Gurair  Date 2024-05-30 (13:30 - 15:00 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-05-30 (13:30 - 15:00 )

