

Dental External Referral Form								
Patient Name	:	Abdullah Qutami Bin Qutami Al Suwaidi		Emirates ID	:	999-9999-999999-9		
File No	:	8202	DOB	:	2004-06-22	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abdullah Qutami Bin Qutami Al Suwaidi

CONTACT NO.:559222229

AGE :19

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:

☒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 [â€¦.yoland.com](#))

Reason for Referral:

☒Consultation ☐radion

☐Comprehensivecare

☐Crowns

☐Bridges

☐Denture:Complete

☐Denture: Partial

☐Denture:Overdenture

☐Complex medical needs

☐Endo: RCT only

☐Endo:RCT,Permanent Restoration/Crown

☐Periodontal Care

☐Implants: Surgical only

☐Implants:Surgical Restorative

☐Orthodontic care

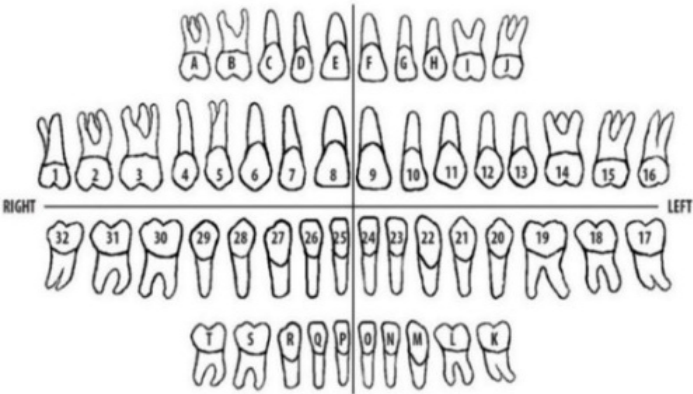
☐Extractions

☐Sedation

☐Special needs (specify type):

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>Abdullah Qutami Bin Qutami Al Suwaidi</div> <div>Date</div> <div>2024-06-06 (09:15 - 09:30 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (09:15 - 09:30 )</div>
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