

Dental External Referral Form

Patient Name	:	Abdulrahman Ameen Al Yasi		Emirates ID	:	999-9999-999999-9		
File No	:	4775	DOB	:	1987-09-29	Nationality	:	Emirati
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abdulrahman Ameen
Al Yasi

CONTACT NO.:502988659

AGE :36

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€|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

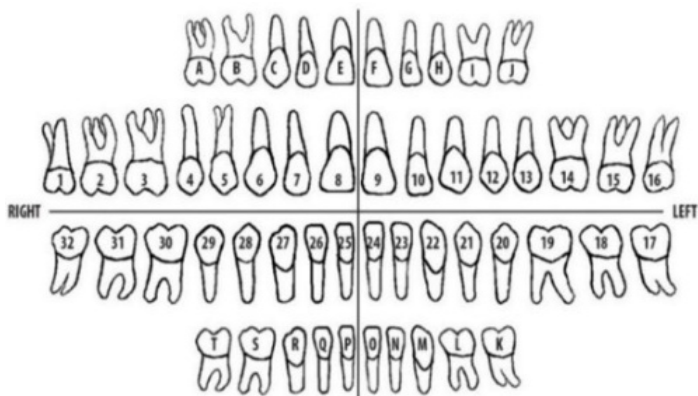
☐ Sedation

☐ 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 Abdulrahman Ameen Al Yasi Date 2024-06-03 (08:45 - 09:00)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (08:45 - 09:00)</div>

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