

Dental External 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)

Interpreter needed: ☐YES ☒No

☒X-rays emailed ☐X-rays with patient ☒Need X-rays (please send X-rays to ayesha.yoland.com)


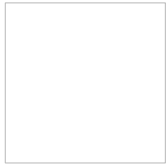
Reason for Referral: ☒Consultation ☐radion

☐ Comprehensive care ☐ Crowns ☐ Bridges ☐ Denture: Complete ☒ Denture: Partial ☒ Denture: Overdenture ☐ Complex medical needs

Patients: ☐ Verbal ☐ Non-verbal

☒ Endo: RCT only ☒ Endo: RCT, Permanent Restoration/Crown ☒ Periodontal Care ☒ Implants: Surgical only ☒ Implants: Surgical and Restorative ☒ Orthodontic care ☐ Extractions ☐ Sedation ☐ Special needs (specify type):

☐ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
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)