

Dental External Referral Form								
Patient Name	:	Abrar Khalid Mohammad Essa Mohammad		Emirates ID	:	999-9999-999999-9		
File No	:	6957	DOB	:	2006-03-31	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::Abrar Khalid Mohammad Essa Mohammad CONTACT NO.:529000962 AGE :18

Referring Healthcare professional : Dr Nadir El Tayeb

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

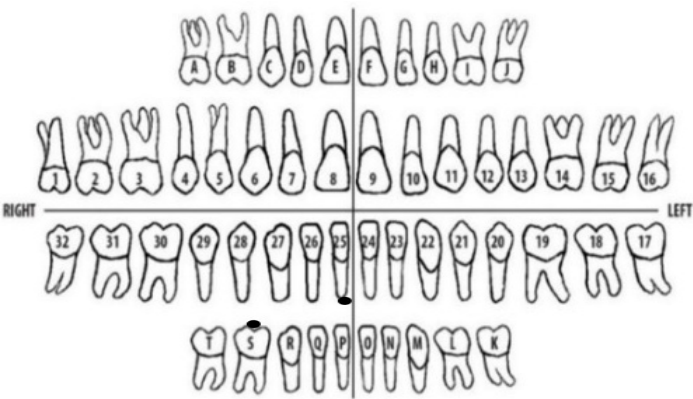
Interpreter needed: ☐YES ☐No

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

Reason for Referral: ☐Consultation ☐radion

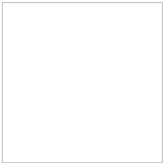
- ☐Comprehensiveware
☐Crowns
☐Bridges
☐Denture:Complete
☐Denture: Partial
☐Denture:Overdenture
☐Complex medical needs
- ☐Endo: RCT only
☐Endo:RCT,Permanent Restoration/Crown
☐Periodontal Care
☒Implants: Surgical only
☒Implants:Surgical Restorative
☐Orthodontic care
- ☐Extractions
☐Sedation
☐Special needs (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>Patient Name</div> <div>Abrar Khalid Mohammad Essa Mohammad</div> <div>Date</div> <div>2024-06-04 (11:30 - 11:45)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-04 (11:30 - 11:45)</div>