

## Dental External Referral Form

Patient Name	:	SHAAD SAIF ALSHAB	Emirates ID	:	784-2001-2604273-6
File No	:	8267	DOB	:	2001-07-26
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb
Date	:	2024-05-29			

FULL NAME:: SHAAD                      CONTACT NO.:971503380880                      AGE :22

Referring Healthcare professional : Dr Nadir El Tayeb

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

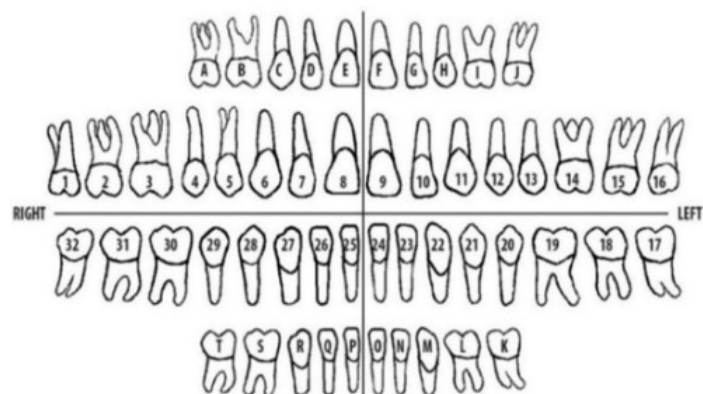
Interpreter needed:                      ☒ YES                      ☐ No

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

Reason for Referral:                      ☒ Consultation                      ☐ radion

### EXAMINATION:

<input type="checkbox"/> Comprehensive care <input type="checkbox"/> Crowns <input type="checkbox"/> Bridges Patents: <input type="checkbox"/> Denture: Complete <input type="checkbox"/> Implants:Surgical and Restorative <input type="checkbox"/> Complex medical needs:	<input type="checkbox"/> Endo:RCT only <input type="checkbox"/> Endo:RCT,Permanent Restoration/Crown <input type="checkbox"/> Periodontal Care <input type="checkbox"/> verbal <input type="checkbox"/> Implants: Surgical only <input type="checkbox"/> Denture: Overdenture <input type="checkbox"/> Please provide written report via Email	<input type="checkbox"/> Extractions <input type="checkbox"/> Sedation <input type="checkbox"/> Special needs(specify type): <input type="checkbox"/> Non verbal <input type="checkbox"/> Denture: Partial <input type="checkbox"/> Orthodontic care
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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 SHAAD SAIF ALSHAB  Date 2024-05-29 (08:00 - 08:15 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-05-29 (08:00 - 08:15 )