

Dental External Referral Form								
Patient Name	:	Abdulla Dagash Al Ketbi		Emirates ID	:	999-9999-999999-9		
File No	:	3700	DOB	:	2018-12-10	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::Abdulla Dagash Al KetbiCONTACT NO.:529277777AGE :5

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

- ☐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

Circle below the tooth/teeth of referral:

Circle below the tooth/teeth of referral:

☐ 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></div>
Patient Name Abdulla Dagash Al Ketbi  Date 2024-06-04 (11:00 - 11:15 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-04 (11:00 - 11:15 )

