

Dental External Referral Form								
Patient Name	:	Abrar Mohammad Hussain Abdulla Shams(Doughter)		Emirates ID	:	999-9999-999999-9		
File No	:	7710	DOB	:	2009-01-01	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abrar Mohammad Hussain Abdulla Shams(Doughter) CONTACT NO.:503035202 AGE :15

Referring Healthcare professional : Dr Nadir El Tayeb

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

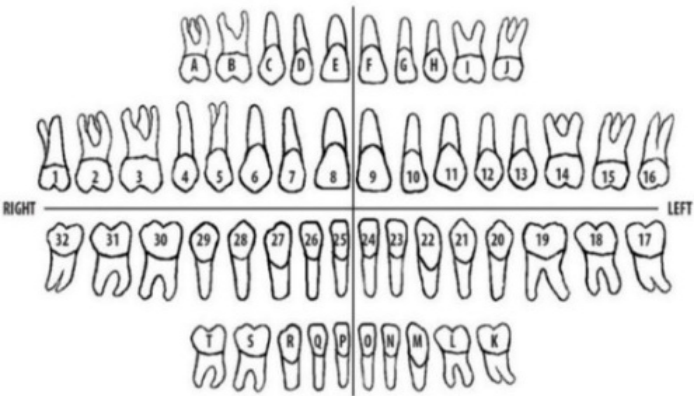
Interpreter needed:  
☐YES ☐No

☐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

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<div>Patient Name Abrar Mohammad Hussain Abdulla Shams(Doughter) Date 2024-06-06 (10:45 - 11:00 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (10:45 - 11:00 )</div>