

Dental External Referral Form								
Patient Name	:	Abdulrahman Ameen Al Yasi		Emirates ID	:	999-9999-999999-9		
File No	:	4775	DOB	:	1987-09-29	Nationality	:	Emirati
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abdulrahman Ameen Al Yasi

CONTACT NO.:502988659

AGE :36

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](mailto:info@yoland.com))

Reason for Referral:

☐Consultation

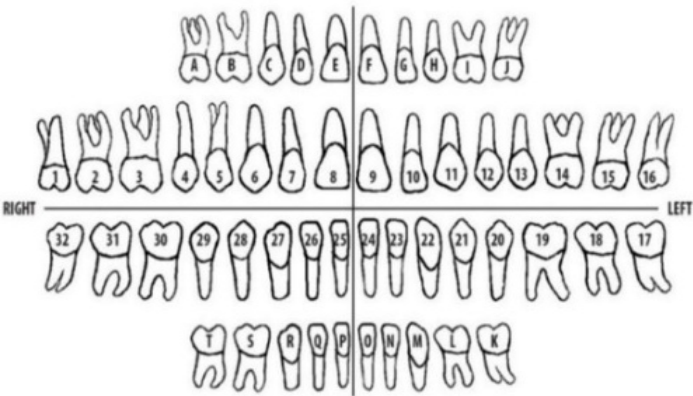
☐radion

- ☐Comprehensivecare
- ☐ Endo: RCT only
- ☐ Extractions
- ☐ Crowns
- ☐Endo:RCT,Permanent Restoration/Crown
- ☐ Sedation
- ☐ Bridges
- ☒Periodontal Care
- ☐ Special needs (specify type):
- ☐ Denture:Complete
- ☒ Implants: Surgical only
- ☐ Denture: Partial
- ☐Implants:Surgical Restorative
- ☐ Denture:Overdenture
- ☐ Orthodontic care
- ☐ Complex medical needs

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></div>

<div>Patient Name</div> <div>Abdulrahman Ameen Al Yasi</div> <div>Date</div> <div>2024-06-06 (11:00 - 11:15 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (11:00 - 11:15 )</div>
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