

Dental External Referral Form								
Patient Name		: (Amnah) Shaikah Mohammed Juma			Emirates ID		: 999-9999-999999-9	
File No		: 3194	DOB		: 1980-01-01	Nationality		: Emirati
Gender		:	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-03

FULL NAME::(Amnah) Shaikah Mohammed Juma

CONTACT NO.:505599984

AGE :44

Referring Healthcare professional : Dr Nadir El Tayeb

☒Emergent (send patient to ED)

☒Urgent (24-72 hours)

☐Routine (next available)

Interpreter needed: ☐YES ☐No

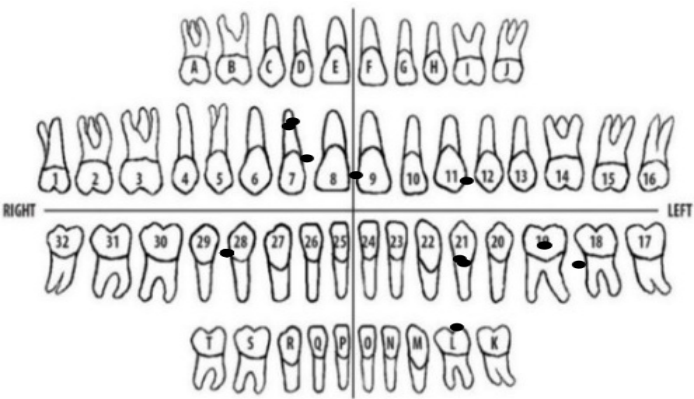
☐X-rays emailed ☐X-rays with patient ☒Need X-rays (please send X-rays to amnah.yoland.com)

Reason for Referral: ☐Consultation ☐radion

- ☐Comprehensiveware☒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 and
- ☐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

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<div>Patient Name (Amnah) Shaikah Mohammed Juma Date 2024-06-03 (08:00 - 08:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (08:00 - 08:30)</div>