

Dental Internal Referral Form								
Patient Name	:	Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952)		Emirates ID	:	999-9999-9999999-9		
File No	:	7124	DOB	:	2006-09-28	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-13

FULL NAME:Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952) CONTACT NO.:501222871 AGE :17

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:

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

☒ X-rays emailed ☒ X-rays with patient

Reason for Referral:

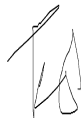
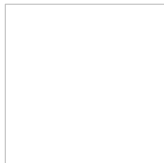
☒ Consultation ☒ radion

☒ Comprehensivecare
☐ Crowns
☒ Bridges
☐ Denture:Complete
☒ Denture: Partial
☒ Denture:Overdenture
☒ Complex medical needs
☐ Please provide written report

☒ Endo: RCT only
☐ Endo:RCT,Permanent Restoration/Crown
☒ Periodontal Care
☐ Implants:Surgical only
☐ Implants:Surgical Restorative
☒ Orthodontic care
☒ no written report needed

☐ Extractions
☒ Sedation
☐ Special needs (specify type):

Evaluated by : Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952) Date 2024-06-13 (08:45 - 19:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-13 (08:45 - 19:15)