

Dental External Referral Form								
Patient Name		: Bashayer Hussain Ali Saleh Langawi			Emirates ID		: 784-1992-0491420-6	
File No		: 5693	DOB		: 1992-02-06	Nationality		: Emirati
Gender		: Female	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-12

FULL NAME: Bashayer Hussain CONTACT NO.:971551001005 AGE :32

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)

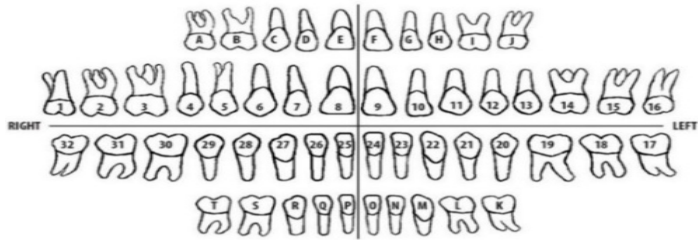
Reason for Referral:

☒ 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></div>
Patient Name Bashayer Hussain Ali Saleh Langawi Date 2024-06-12 (08:45 - 23:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-12 (08:45 - 23:30)