

Dental External Referral Form								
Patient Name		Abdul raheem Saed Alebri			Emirates ID		999-9999-999999-9	
File No		3833	DOB		1991-12-03	Nationality		Emirati
Gender			Doctor's Name		Dr Nadir El Tayeb	Date		2024-06-06

FULL NAME::Abdul raheem Saed Alebri

CONTACT NO.:501330118

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

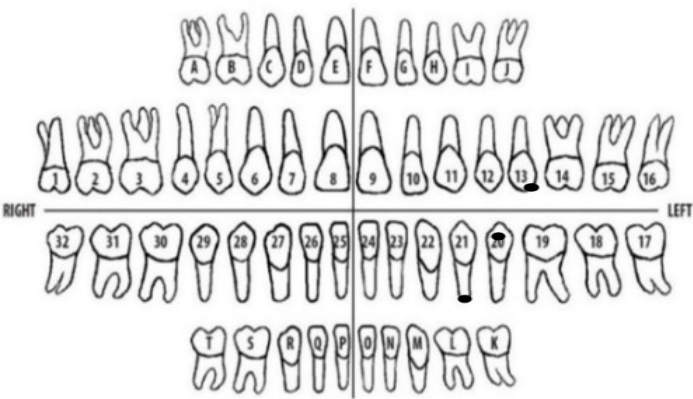
☐X-rays emailed ☒X-rays with patient ☒Need X-rays (please send X-rays to info@yoland.com)

Reason for Referral: ☐Consultation ☒radion

- ☐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
- ☐ 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 Abdul raheem Saed Alebri Date 2024-06-06 (09:30 - 09:45)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (09:30 - 09:45)</div>