

Dental External Referral Form								
Patient Name		Alia Mohammad Al Janahi			Emirates ID		999-9999-999999-9	
File No		11	DOB		1980-01-01	Nationality		Emirati
Gender		Female	Doctor's Name		Dr Reham Abuteer	Date		2024-05-13

FULL NAME::Alia Mohammad Al Janahi CONTACT NO.:504980444 AGE :44

Referring Healthcare professional : Dr Reham Abuteer

PROPHYLACTIC THERAPEUTIC
Complex medical needs::rehhr

EXAMINATION:

- ☐X-rays taken
- ☒Comprehensive care
- ☐Crowns
- ☐Bridges
- ☐Denture: Complete
- ☒Implants:Surgical and Restorative
- ☐Complex medical needs:
- ☐Needs X-rays
- ☐Endo:RCT only
- ☒Endo:RCT,Permanent Restoration/Crown
- ☐Periodontal Care
- ☒Implants: Surgical only
- ☐Denture: Overdenture
- ☐Please provide written report
- ☒Extractions
- ☐Sedation
- ☒Special needs(specify type):
- ☐Denture: Partial
- ☒Orthodontic care
- ☐ No written report needed

Reason for Referral: ☐ Consultation ☐ radion Interpreter needed::: ☐ YES ☐ No Patient is ☐ verbal ☐ non-verbal

Evaluated by :Dr Reham Abuteer

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Alia Mohammad Al Janahi Date 2024-05-13 (08:15 - 08:30)	Doctor Name Dr Reham Abuteer - Dental (DHA-T-00219566) Date 2024-05-13 (08:15 - 08:30)