

Dental Internal Referral Form								
Patient Name	:	SARA SALEM SULTAN BUNAWAS ALKETBI		Emirates ID	:	784-1987-3213848-6		
File No	:	8186	DOB	:	1987-02-18	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-12

FULL NAME::SARA SALEM CONTACT NO.:971563108080 AGE :37

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 ☐ Endo: RCT only ☐ Extractions

☐ Crowns ☐Endo:RCT,Permanent ☐ Sedation

☐ Bridges Restoration/Crown ☐ Special needs (specify type):

☐Denture:Complete ☐Periodontal Care

☐ Denture: Partial ☐ Implants:Surgical only

☐ Denture:Overdenture ☐Implants:Surgical Restorative

☐ Complex medical needs ☐ Orthodontic care

☒ Please provide written report ☐ no written report needed

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name SARA SALEM SULTAN BUNAWAS ALKETBI Date 2024-06-12 (14:00 - 14:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-12 (14:00 - 14:30)