

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 Nadir El Tayeb	Date	:	2024-05-23

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

Referring Healthcare professional : Dr Nadir El Tayeb

PROPHYLACTIC THERAPEUTIC
Complex medical needs::

EXAMINATION:

- ☐X-rays taken
- ☒Needs X-rays
- ☒Comprehensive care
- ☐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 and Restorative
- ☐Denture: Overdenture
- ☒Orthodontic care
- ☐Complex medical needs:
- ☐Please provide written report
- ☐ No written report needed

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

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 Alia Mohammad Al Janahi Date 2024-05-23 (08:45 - 09:00)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-23 (08:45 - 09:00)