

Dental External Referral Form								
Patient Name		: Aaesha Ali Mohammed Leqyoos Alshehhi (FB1 952)			Emirates ID		: 999-9999-999999-9	
File No		: 7124	DOB		: 2006-09-28	Nationality		: Emirati
Gender		: Female	Doctor's Name		: Dr Nadir El Tayeb	Date		: 2024-06-04

FULL NAME::Aaesha Ali Mohammed Leqyoos Alshehhi (FB1CONTACT NO.:501222871 AGE :17 952)

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:
☒Emergent (send patient to ED) ☒Urgent (24-72 hours) ☒Routine (next available)

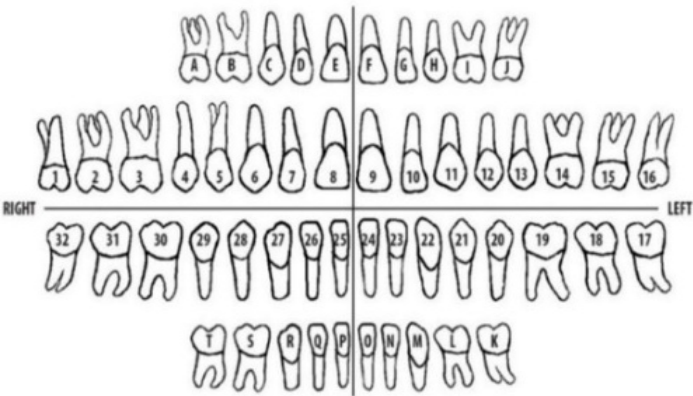
Interpreter needed:
☒YES ☒No

☒X-rays emailed ☒X-rays with patient ☒Need X-rays (please send X-rays to â€|.â€|.yoland.com)

Reason for Referral: ☐Consultation ☐radion

- ☒Comprehensiveware☐ 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

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</div> <div>Aesha Ali Mohammed Leqyoos Alshehhi (FB1 952)</div> <div>Date</div> <div>2024-06-04 (10:45 - 11:00)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-04 (10:45 - 11:00)</div>