

Dental Internal Referral Form								
Patient Name	:	Halimah Salem Abdallah Almarashdah (dr narmeen)		Emirates ID	:	999-9999-999999-9		
File No	:	6864	DOB	:	1980-09-11	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-15

FULL NAME: Halimah Salem Abdallah Almarashdah (dr narmeen) **CONTACT NO.:** 5519042222 **AGE:** 43

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 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

☐ no written report needed

☐ Please provide written report

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 Halimah Salem Abdallah Almarashdah (dr narmeen) Date 2024-06-15 (14:00 - 15:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-15 (14:00 - 15:15)