Dental External Referral Form								
Patient Name	:	Abeer Essa Al Emadi			Emirates ID	:	999-9999-99999-9	
File No	:	3097	DOB	:	1995-09-16	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abeer Essa Al Emadi	CONTACT NO.:508	3574744	AGE :28				
Referring Healthcare professional : Dr Nadir El Tayeb							
This Referral is: ☑Emergent (send patient to ED)	☑ Urgent (2	24-72 hours)	☑ Routine (next available)				
Interpreter needed: ☐YES	□No						
□X-rays emailed □X-rays with pat	tient ⊠ Need X-r	rays (please send	X-rays to …….yoland.com)				
Reason for Referral: ☐ Consultat	tion ⊽ radion						
☐ Crowns ☐ Bridges ☐ Denture:Complete ☐ Denture: Partial ☐ Denture:Overdenture	 ✓ Endo: RCT only ✓ Endo: RCT, Permanent Restoration/Crown ✓ Periodontal Care ✓ Implants: Surgical only ✓ Implants: Surgical Restorative ✓ Orthodontic care 		☐ Extractions☐ Sedation☐ Special needs (specify type):				
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				

Patient Name	Doctor Name
Abeer Essa Al Emadi	Dr Nadir El Tayeb - Dental (DHA-T-00171042)
Date	Date
2024-06-03 (09:45 - 10:00)	2024-06-03 (09:45 - 10:00)