

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 €€.yoland.com)

Reason for Referral: ☐Consultation ☐radion

☐Comprehensiveware☐ Endo: RCT only☐ Extractions

☐ Crowns☐ Endo:RCT,Permanent☐ Sedation

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

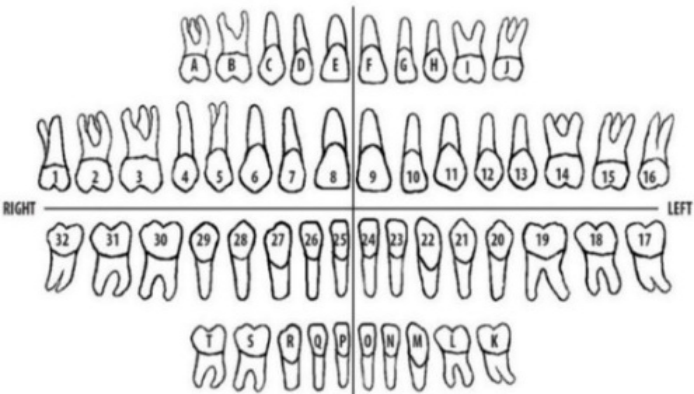
☐Denture:Complete☒Periodontal Care

☐ 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

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<div>Patient Name Aesha Ali Mohammed Leqyoos Alshehhi (FB1 952) Date 2024-06-04 (13:45 - 14:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-04 (13:45 - 14:30)</div>