

| Dental Internal 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 Reham Abuteer | Date | : | 2024-05-13 |

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

Referring Healthcare professional : Dr Reham Abuteer

☒Emergent (send patient to ED) ☒Urgent (24-72 hours) ☐Routine (next available)

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

Reason for Referral: ☒Consultation ☒radion

☒Comprehensive care ☐Crowns ☒Bridges ☒Denture: Complete ☐Denture: Partial ☐Denture: Overdenture ☐Complex medical needs ☐Please provide written report

Patients: ☐ Verbal ☒ Non-verbal

☐ Endo: RCT only ☐ Endo: Permanent Restoration/Crown RCT, ☐ Periodontal Care ☐ Implants: Surgical only ☐ Implants: Surgical and Restorative ☐ Orthodontic care ☐ no written report needed

☐ Extractions ☐ Sedation ☐ Special needs (specify type):

Evaluated by :Dr Reham Abuteer

| | |
|--|-------------|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
| | <div></div> |

| | |
|---|---|
| <div>Patient Name</div> <div>Alia Mohammad Al Janahi</div> <div>Date</div> <div>2024-05-13 (08:15 - 08:30)</div> | <div>Doctor Name</div> <div>Dr Reham Abuteer - Dental (DHA-T-00219566)</div> <div>Date</div> <div>2024-05-13 (08:15 - 08:30)</div> |
|---|---|