

Dental Internal Referral Form								
Patient Name	:	Abdulrahman Ameen Al Yasi		Emirates ID	:	999-9999-999999-9		
File No	:	4775	DOB	:	1987-09-29	Nationality	:	Emirati
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abdulrahman Ameen Al Yasi CONTACT NO.:502988659 AGE :36

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
☒ Crowns
☐ Bridges
☐Denture:Complete
☐ Denture: Partial
☐ Denture:Overdenture
☐ Complex medical needs
☐ Please provide written report
- ☐ Endo: RCT only
☐Endo:RCT,Permanent Restoration/Crown
☐Periodontal Care
☒ Implants:Surgical only
☒Implants:Surgical Restorative
☒ Orthodontic care
☐ no written report needed
- ☐ Extractions
☐ Sedation
☐ Special needs (specify type):

Patients:
☐ Verbal ☐ Non-verbal

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
<div></div>	<div></div>
<div>Patient Name Abdulrahman Ameen Al Yasi Date 2024-06-06 (09:30 - 09:45)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (09:30 - 09:45)</div>