Dental External Referral Form								
Patient Name	:	AAAAA				Emirates ID	:	999-9999-999999-9
File No	:	3127	DOB	:	2018-06-07	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::AAAAAA	CONTACT NO.:0		AGE:5				
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:	TYES □No						
□X-rays emailed □X-rays with pa	atient ▽ Need X-ı	rays (please send	X-rays to …….yoland.com)				
Reason for Referral: ☐Consulta	ation <u></u> radion						
☐ Comprehensivecare ☐ Crowns ☐ Bridges ☐ Denture:Complete ☐ Denture: Partial ☐ Denture:Overdenture ☐ Complex medical needs	☐ Endo: RCT only ☐Endo:RCT,Perm. Restoration/Crown ☑Periodontal Car. ☑ Implants: Surg. ☐Implants:Surgic. ☑ Orthodontic ca	anent n e ical only cal Restorative	☐ Extractions☐ Sedation☐ Special needs (specify type):				
Patients:	l						
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
AAAAAA	Dr Nadir El Tayeb - Dental (DHA-T-00171042)
Date	Date
2024-06-04 (11:45 - 12:00)	2024-06-04 (11:45 - 12:00)