

Dental External Referral Form								
Patient Name	:	Abir Mhd Khir Rabiaa (mom marwa altarkmani)		Emirates ID	:	999-9999-999999-9		
File No	:	7192	DOB	:	1972-10-06	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::Abir Mhd Khir Rabiaa
(mom marwa altarkmani)

CONTACT NO.:

AGE :51

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 info@yoland.com)

Reason for Referral: ☒Consultation ☐radion


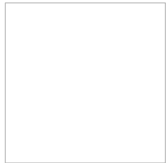
- ☐Comprehensiveware☐Endo: RCT only☐Extractions
- ☐Crowns☐Endo:RCT,Permanent☐Sedation
- ☐Bridges☐Restoration/Crown☐Special needs (specify type):
- ☐Denture:Complete☐Periodontal Care
- ☐Denture: Partial☐Implants: Surgical only
- ☐Denture:Overdenture☒Implants:Surgical Restorative
- ☐Complex medical needs☒Orthodontic 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
	
Patient Name Abir Mhd Khir Rabiaa (mom marwa altarkmani) Date 2024-06-04 (17:30 - 23:00)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-04 (17:30 - 23:00)