

Dental External Referral Form

| | | | | | | | | |
|--------------|---|--------------------------|---------------|-------------|-------------------|-------------------|---|------------|
| Patient Name | : | Abdul raheem Saed Alebri | | Emirates ID | : | 999-9999-999999-9 | | |
| File No | : | 3833 | DOB | : | 1991-12-03 | Nationality | : | Emirati |
| Gender | : | | Doctor's Name | : | Dr Nadir El Tayeb | Date | : | 2024-06-06 |

FULL NAME::Abdul raheem Saed Alebri

CONTACT NO.:501330118

AGE :32

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

☐ Comprehensive care

☐ Crowns

☐ Bridges

☐ Denture: Complete

☐ Denture: Partial

☐ Denture: Overdenture

☐ Complex medical needs

☐ Endo: RCT only

☐ Endo: RCT, Permanent
Restoration/Crown

☐ Periodontal Care

☒ Implants: Surgical only

☒ Implants: Surgical Restorative

☒ Orthodontic care

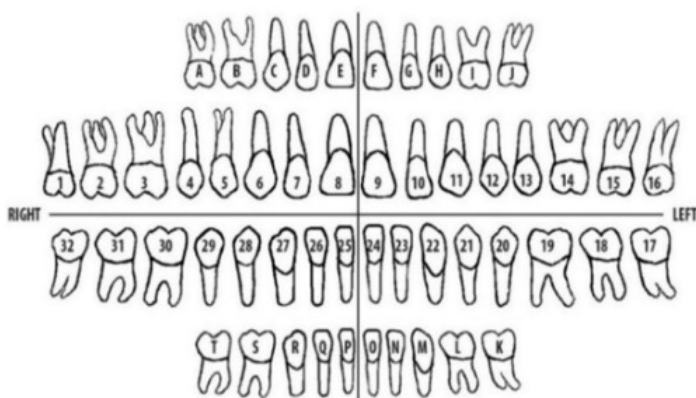
☐ Extractions

☐ Sedation

☐ Special needs (specify type):

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

| | |
|--|--|
| | <div></div> |
| <div>Patient Name Abdul raheem Saed Alebri Date 2024-06-06 (09:00 - 09:15)</div> | <div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (09:00 - 09:15)</div> |