

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](mailto:info@yoland.com))

Reason for Referral:

☒Consultation

☐radion

☐Comprehensivcare

☒Endo: RCT only

☐Extractions

☐Crowns

☒Endo:RCT,Permanent Restoration/Crown

☐Sedation

☐Bridges

☒Periodontal Care

☐Special needs (specify type):

☐Denture:Complete

☐Implants: Surgical only

☐Denture: Partial

☐Implants:Surgical Restorative

☐Denture:Overdenture

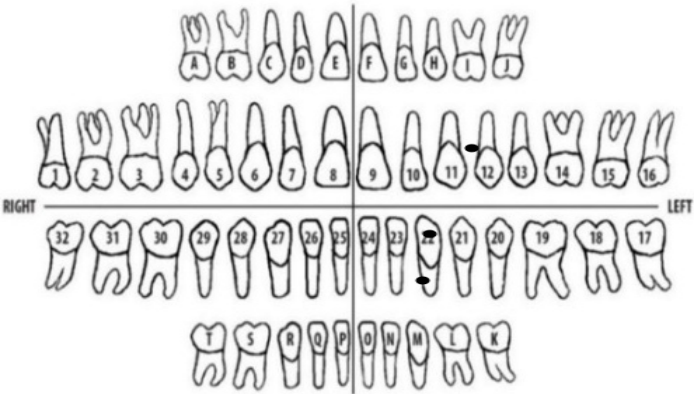
☐Orthodontic care

☐Complex medical needs

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</div> <div>Abdul raheem Saed Alebri</div> <div>Date</div> <div>2024-06-06 (11:45 - 12:00 )</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (11:45 - 12:00 )</div>
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