

Dental External Referral Form								
Patient Name	:	Abrar Ahmed Al Naqbi(Dubai Fans)		Emirates ID	:	999-9999-999999-9		
File No	:	2834	DOB	:	1989-06-08	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abrar Ahmed Al Naqbi(Dubai Fans)      CONTACT NO.:501999794      AGE :34

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:  
☒Emergent (send patient to ED)      ☒Urgent (24-72 hours)      ☐Routine (next available)

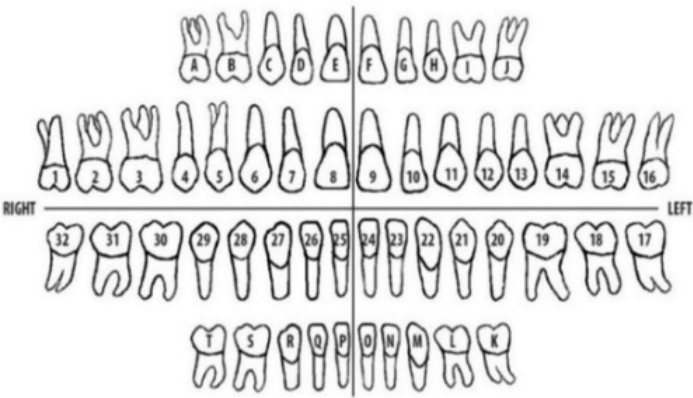
Interpreter needed:  
☐YES      ☐No

☐X-rays emailed    ☐X-rays with patient    ☒Need X-rays (please send X-rays to €€.yoland.com)

Reason for Referral:  
☒Consultation      ☐radion

- ☐Comprehensivecare  
☐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 Abrar Ahmed Al Naqbi(Dubai Fans)  Date 2024-06-06 (09:45 - 10:00 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-06 (09:45 - 10:00 )</div>