

Dental External Referral Form								
Patient Name	:	Aalya Abdulrazzaq Al Attar		Emirates ID	:	999-9999-999999-9		
File No	:	4298	DOB	:	1989-01-01	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-05

FULL NAME::Aalya Abdulrazzaq Al Attar      CONTACT NO.:562888211      AGE :35

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

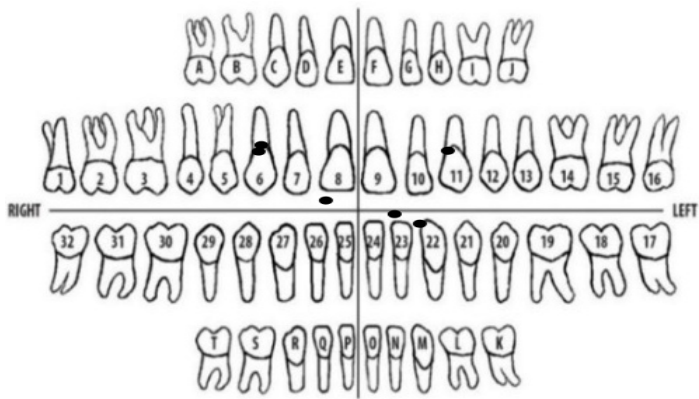
☐X-rays emailed    ☒X-rays with patient    ☐Need X-rays (please send X-rays to [ayolanda.yoland.com](mailto:ayolanda.yoland.com))

Reason for Referral:      ☐Consultation      ☐radion

- ☐Comprehensiveware  
☐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>Patient Name Aalya Abdulrazzaq Al Attar</div> <div>Date 2024-06-05 (11:15 - 11:30 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-05 (11:15 - 11:30 )</div>