

## Dental External Referral Form

Patient Name	:	Abeer Muhammed Hasaan		Emirates ID	:	999-9999-999999-9		
File No	:	2130	DOB	:	1987-02-04	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Muhammed Hasaan

CONTACT NO.:568180996

AGE :37

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 [â€¦@yoland.com](mailto:â€¦@yoland.com))

Reason for Referral:

☒ Consultation

☐ radion

☐ Comprehensivecare

☐ 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

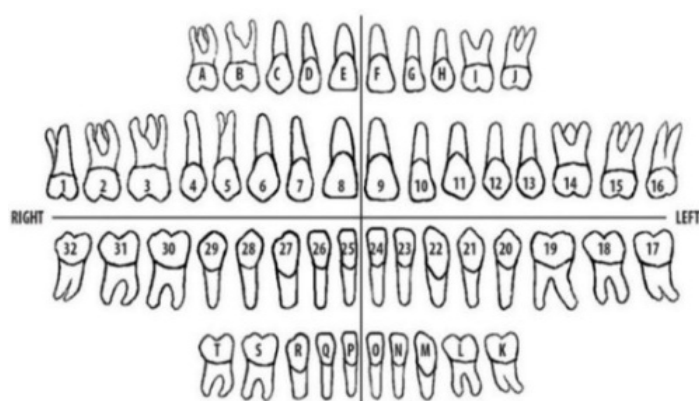
☐ Denture:Overdenture

☐ 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 Abeer Muhammed Hasaan  Date 2024-06-06 (09:30 - 09:45 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-06 (09:30 - 09:45 )</div>