

Dental Internal Referral Form								
Patient Name	:	Afra Abdul Rahim Abdul Rahmman(80 Over)		Emirates ID	:	999-9999-999999-9		
File No	:	2540	DOB	:	1999-08-11	Nationality	:	Comoran
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Afra Abdul Rahim Abdul Rahmman(80 Over)CONTACT NO.:505642224AGE :24

Referring Healthcare professional : Dr Nadir El Tayeb

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

☐X-rays emailed☐X-rays with patient

Reason for Referral:
☐Consultation☒radion

- ☒Comprehensivecare☐ Endo: RCT only☐ Extractions
- ☒ Crowns☐ Endo:RCT,Permanent☐ Sedation
- ☐ Bridges☐ Restoration/Crown☐ Special needs (specify type):
- ☐Denture:Complete☒Periodontal Care
- ☐ Denture: Partial☒ Implants:Surgical only
- ☐ Denture:Overdenture☒Implants:Surgical Restorative
- ☐ Complex medical needs☒ Orthodontic care
- ☐ Please provide written report☐ no written report needed

Patients:
☐ Verbal☐ Non-verbal

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
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Patient Name Afra Abdul Rahim Abdul Rahmman(80 Over) Date 2024-06-06 (11:15 - 11:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (11:15 - 11:30)