

Dental External Referral Form								
Patient Name	:	Abeer Abdul Khaleq Mohammed		Emirates ID	:	999-9999-999999-9		
File No	:	1351	DOB	:	1985-02-06	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Abdul Khaleq Mohammed

CONTACT NO.:509525259

AGE :39

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

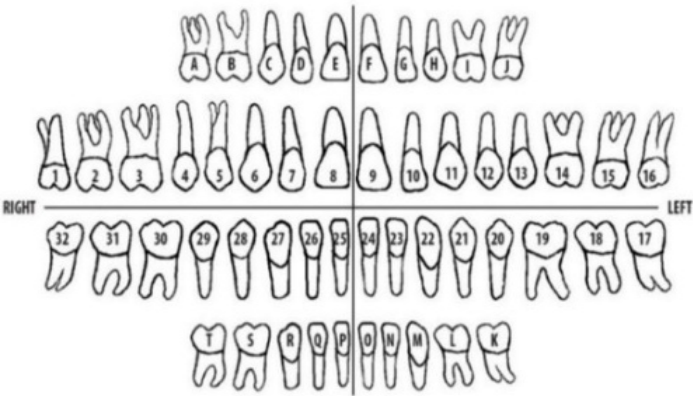
☒X-rays emailed    ☐X-rays with patient    ☐Need X-rays (please send X-rays to [â€|â€|.yoland.com](mailto:â€|â€|.yoland.com))

Reason for Referral:    ☐Consultation    ☐radion

- ☐Comprehensiveware    ☐ 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

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 Abdul Khaleq Mohammed  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>