

Dental Internal Referral Form								
Patient Name	:	Abdullah Qutami Bin Qutami Al Suwaidi		Emirates ID	:	999-9999-999999-9		
File No	:	8202	DOB	:	2004-06-22	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abdullah Qutami Bin Qutami Al Suwaidi

CONTACT NO.:559222229

AGE :19

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

☐Comprehensivcare

☐Crowns

☐Bridges

☐Denture:Complete

☐Denture: Partial

☐Denture:Overdenture

☐Complex medical needs

☐Please provide written report

☐Endo: RCT only

☐Endo:RCT,Permanent Restoration/Crown

☐Periodontal Care

☐Implants:Surgical only

☐Implants:Surgical Restorative

☒Orthodontic care

☐no written report needed

☐Extractions

☐Sedation

☐Special needs (specify type):

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
	<div></div>
<div>Patient Name Abdullah Qutami Bin Qutami Al Suwaidi</div> <div>Date 2024-06-06 (09:15 - 09:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date 2024-06-06 (09:15 - 09:30)</div>