

Dental Internal Referral Form						
Patient Name	:	AAAAAA		Emirates ID	:	999-9999-999999-9
File No	:	3127	DOB	:	2018-06-07	
Nationality	:			Date	:	2024-06-14
Gender	:		Doctor's Name	:	Dr Reham Abuteer	

FULL NAME: AAAAAA

CONTACT NO.: 0

AGE: 6

Referring Healthcare professional : Dr Reham Abuteer

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 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

☐ no written report needed

☐ Please provide written report

Evaluated by : Dr Reham Abuteer

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name AAAAAA Date 2024-06-14 (11:30 - 11:45)	Doctor Name Dr Reham Abuteer - Dental (DHA-T-00219566) Date 2024-06-14 (11:30 - 11:45)