

Dental External Referral Form

Patient Name	:	ABDOLFATAH BAHMAN			Emirates ID	:	784-1983-4327175-9	
File No	:	8263	DOB	:	1983-04-21	Nationality	:	Iranian
Gender	:	Male	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-04

FULL NAME::ABDOLFATAH

CONTACT NO.:971555594955

AGE :41

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 info@yoland.com)

Reason for Referral:

☐ Consultation

☐ radion

☐Comprehensivecare

☒ Crowns

☒ Bridges

☐Denture:Complete

☐ Denture: Partial

☐ Denture:Overdenture

☐ Complex medical needs

☐ Endo: RCT only

☐Endo:RCT,Permanent
Restoration/Crown

☐Periodontal Care

☐ Implants: Surgical only

☒Implants:Surgical Restorative

☒ Orthodontic care

☐ Extractions

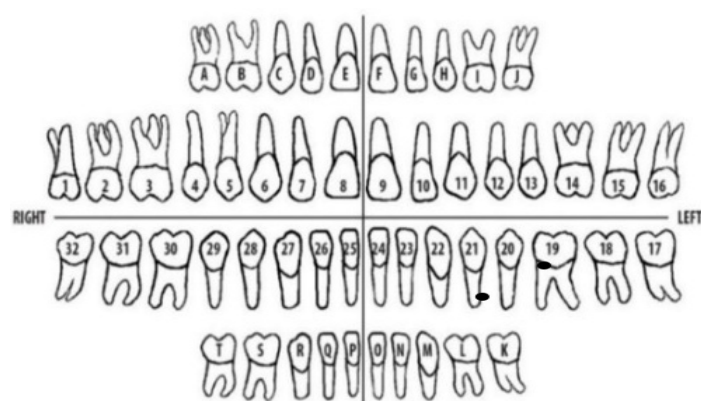
☐ Sedation

☐ Special needs (specify type):

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 ABDOLFATAH BAHMAN Date 2024-06-04 (23:15 - 23:30)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-04 (23:15 - 23:30)</div>