Dental External Referral Form								
Patient Name	:	ABDOLFA	TAH 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	:	2024-05-24

FULL NAME::ABDOLFATAH CONTACT NO.:971555594955 AGE :41

Referring Healthcare professional : Dr Nadir El Tayeb

PROPHYLACTIC THERAPEUTIC

Complex medical needs::vf f

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□X-rays emailed			□X-rays with patie	(please	Need X-ra (please send X-ra to …….yoland.com					
☑Comprehensive care			□Endo:RCT only				<b></b> Extractions			
Crowns							<b> ✓</b> Sedation			
∏Bridges							∏Speci needs(		type)	
□Denture: Cor	nplete			al only			□Dent	ure: Pa	rtial	
<b>☑</b> Implants:Sur	gical and Restorati	ve	□Denture: Overde	nture			<b></b> Ortho	odontic	care	
Complex med	dical needs:		□Please provide w	ritten r	eport	via Email				
Reason Referral:	for C Consultation	C radion	Interpreter needed::	O YES	<b>⊙</b> No	Patient is	C verbal	O nor		

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction				
PATIENT	DOCTOR			
Patient Name ABDOLFATAH BAHMAN Date 2024-05-24 (09:00 - 09:15 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-24 (09:00 - 09:15 )			