

Dental External Referral Form								
Patient Name	:	AAAAAA		Emirates ID	:	999-9999-999999-9		
File No	:	3127	DOB	:	2018-06-07	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-01

FULL NAME::AAAAAA CONTACT NO.:0 AGE :5

Referring Healthcare professional : Dr Nadir El Tayeb

☒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 Dr.Nadiri.yoland.com)

Reason for Referral: ☒Consultation ☐radion



☒ Comprehensive care ☒ Crowns ☐ Bridges ☒ Denture: Complete ☐ Denture: Partial ☐ Denture: Overdenture ☐ Complex medical needs

Patients: ☐ Verbal ☐ Non-verbal

☒ Endo: RCT only ☒ Endo: RCT, Permanent Restoration/Crown ☒ Periodontal Care ☐ Implants: Surgical only ☐ Implants: Surgical and Restorative ☐ Orthodontic care

☐ Extractions ☐ Sedation ☐ Special needs (specify type):

☐ Please provide written report via Email

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name AAAAAA Date 2024-06-01 (09:45 - 10:00)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-01 (09:45 - 10:00)