Dental External Referral Form

Patient Name	:	Sara Abdulhamid Ahmad Abdulla Alhashmi				Emirates ID	:	784-1986-6281068-2
File No	:	8271	DOB	:	1986-10-26	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-05-30

FULL NAME::Sara Abdulhamid CONTACT NO.:971506553889 AGE :37

Referring Healthcare professional : Dr Nadir El Tayeb

☑Emergent (send patient to ED) ☑Urgent (24-72 hours) ☑Routine (next available)

Interpreter needed: ☑YES ☑No

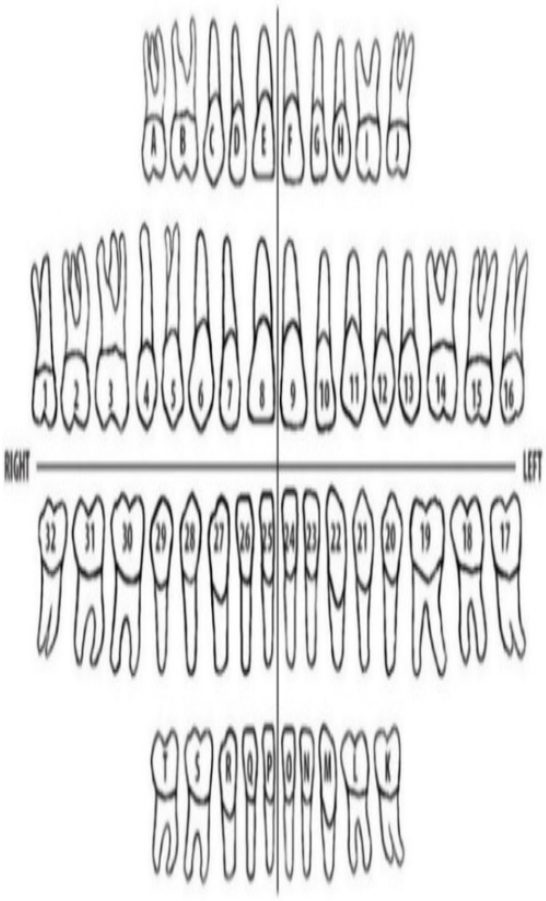
☑X-rays emailed ☐X-rays with patient ☑Need X-rays (please send X-rays to â€¦â€¦.yoland.com)

Reason for Referral: ☑Consultation ☐radion

EXAMINATION:

☑Comprehensive care
☑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 and Restorative
☑Denture: Overdenture
☐Orthodontic care
☐Complex medical needs:

Patents:
☐verbal
☐Non verbal



☐ Please provide written report via Email

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
Patient Name Sara Abdulhamid Ahmad Abdulla Alhashmi Date 2024-05-30 (09:00 - 09:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-30 (09:00 - 09:30)