

| Dental External Referral Form |   |                           |               |             |                   |                   |   |            |
|-------------------------------|---|---------------------------|---------------|-------------|-------------------|-------------------|---|------------|
| Patient Name                  | : | Aala Abdulqader Belshalat |               | Emirates ID | :                 | 999-9999-999999-9 |   |            |
| File No                       | : | 6335                      | DOB           | :           | 1992-06-02        | Nationality       | : | Emirati    |
| Gender                        | : | Female                    | Doctor's Name | :           | Dr Nadir El Tayeb | Date              | : | 2024-06-03 |

FULL NAME::Aala Abdulqader BelshalatCONTACT NO.:504882177AGE :32

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€¦.yoland.com)

Reason for Referral:☒Consultation☐radion

☒Comprehensive care☒Crowns☐Bridges

☐Denture: Partia☐Denture: Overdenture☐Complex medical needs

☒endo: rct only☒rct, permanent restoration / crown☐periodontal care☐implants: surgical only

☐Comprehensive care1☐Crowns2☐Bridges3☐Denture: Complet4

☐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  |
|  | <div></div>   |
| Patient Name<br>Aala Abdulqader Belshalat<br><br>Date<br>2024-06-03 (17:15 - 18:45 ) | Doctor Name<br>Dr Nadir El Tayeb - Dental (DHA-T-00171042)<br><br>Date<br>2024-06-03 (17:15 - 18:45 ) |