

Dental External Referral Form								
Patient Name	:	Abdulla Humaid Al Jabri		Emirates ID	:	999-9999-999999-9		
File No	:	5286	DOB	:	1975-04-05	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Abdulla Humaid Al JabriCONTACT NO.:505512513AGE :49

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

☐Comprehensiveware☐Endo: RCT only☐Extractions
☐Crowns☐Endo:RCT,Permanent☐Sedation
☒BridgesRestoration/Crown☐Special needs (specify type):
☒Denture:Complete☒Periodontal Care
☐Denture: Partial☒Implants: Surgical only
☐Denture:Overdenture☐Implants: Surgical and
☐Complex medical needsRestorative
☐Orthodontic care
Patients: ☐Verbal☐Non-verbal

Circle below the tooth/teeth of referral:
☐ 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 Abdulla Humaid Al Jabri Date 2024-06-03 (08:15 - 08:30)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (08:15 - 08:30)