

Dental External Referral Form								
Patient Name	:	ABDOLFATAH 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::av

EXAMINATION:

☐X-rays emailed

☒Comprehensive care

☐Crowns

☒Bridges

☒Denture: Complete

☐Implants:Surgical and Restorative

☐Complex medical needs:

☐X-rays with patient

☒Endo:RCT only

☒Endo:RCT,Permanent Restoration/Crown

☒Periodontal Care

☒Implants: Surgical only

☐Denture: Overdenture

☐Please provide written report via Email

☐Need X-rays (please send X-rays to info@yoland.com)

☒Extractions

☐Sedation

☒Special needs(specify type):

☒Denture: Partial

☐Orthodontic care

Reason for Referral:

☒ Consultation

☐ radion

Interpreter needed::

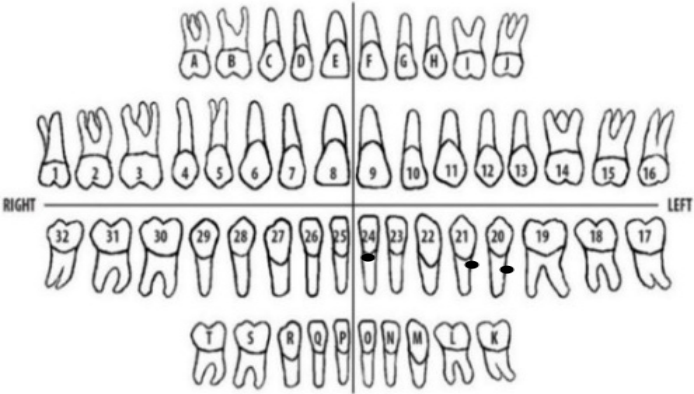
☐ YES

☒ No

Patient is


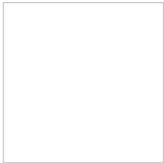
☐ verbal

☐non-verbal



Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR

	
<div>Patient Name</div> <div>ABDOLFATAH BAHMAN</div> <div>Date</div> <div>2024-05-24 (09:00 - 09:15)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-05-24 (09:00 - 09:15)</div>