

Dental Internal Referral Form								
Patient Name	:	Adhari Mohammed AIShehhi(dr.n)		Emirates ID	:	999-9999-999999-9		
File No	:	5909	DOB	:	1988-02-13	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-11

FULL NAME::Adhari Mohammed AIShehhi(dr.n)CONTACT NO.:555054005AGE :36

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:

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

☒X-rays emailed☐X-rays with patient

Reason for Referral:

☐Consultation☐radion

☐Comprehensivcare☐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 Restorative

☐Denture:Overdenture☐Orthodontic care

☐Complex medical needs☐no written report needed

☐Please provide written report

Evaluated by :Dr Nadir El Tayeb

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Adhari Mohammed AIShehhi(dr.n) Date 2024-06-11 (11:00 - 11:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-11 (11:00 - 11:15)