

Dental Internal Referral Form								
Patient Name	:	Halimah Salem Abdallah Almarashdah ( dr narmeen )		Emirates ID	:	999-9999-999999-9		
File No	:	6864	DOB	:	1980-09-11	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-15

**FULL NAME:** Halimah Salem Abdallah Almarashdah ( dr narmeen ) **CONTACT NO.:** 5519042222 **AGE:** 43

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

☐ Comprehensivecare  
☒ Crowns  
☐ Bridges  
☐ Denture:Complete  
☐ Denture: Partial  
☐ Denture:Overdenture  
☐ Complex medical needs  
☐ Please provide written report

☐ Endo: RCT only  
☐Endo:RCT,Permanent Restoration/Crown  
☐ Periodontal Care  
☒ Implants:Surgical only  
☒ Implants:Surgical Restorative  
☐ Orthodontic care  
☐ no written report needed

☐ Extractions  
☐ Sedation  
☐ Special needs (specify type):

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 Halimah Salem Abdallah Almarashdah ( dr narmeen )  Date 2024-06-15 (14:00 - 15:15 )	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-15 (14:00 - 15:15 )