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::ewfc

EXAMINATION:									
□X-rays taken		□Needs X-rays							
□ Comprehensive	e care	□Endo:RCT only				▼ Extractions			
 Crowns			□ Sedation						
∏Bridges		□Periodontal Care				✓ Special needs(specify type)			
□Denture: Com	plete	□Implants: Surgical only				□Denture: Partial			
☐Implants:Surg	ical and Restorati		✓ Orthodontic care						
□Complex medi	cal needs:	□Please provide wri	☐ No written reporneeded						
Reason Referral:	for C Consultation	C radion	Interpreter needed::	C YES	C 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					
Patient Name ABDOLFATAH BAHMAN Date 2024-05-24 (09:00 - 09:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-05-24 (09:00 - 09:15)					