

Dental External Referral Form								
Patient Name	:	Abeer Asad Bahzad		Emirates ID	:	999-9999-999999-9		
File No	:	646	DOB	:	1975-03-07	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Asad Bahzad CONTACT NO.:504544418 AGE :49

Referring Healthcare professional : Dr Nadir El Tayeb

This Referral is:
☒Emergent (send patient to ED) ☒Urgent (24-72 hours) ☐Routine (next available)

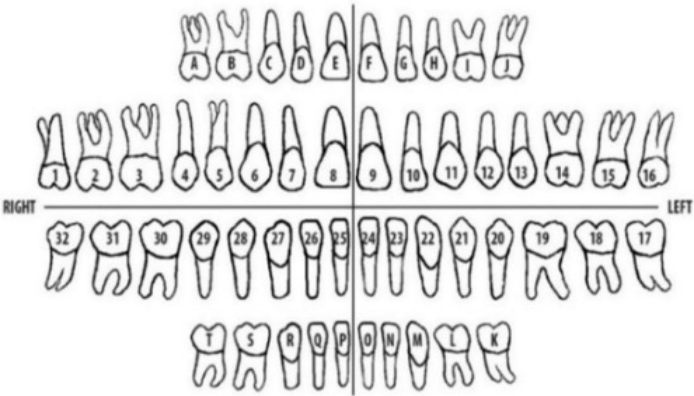
Interpreter needed:
☐YES ☐No

☐X-rays emailed ☐X-rays with patient ☒Need X-rays (please send X-rays to info@yoland.com)

Reason for Referral:
☐Consultation ☐radion

☐Comprehensivecare ☐ Endo: RCT only ☐ Extractions
☐ Crowns ☐Endo:RCT,Permanent ☐ Sedation
☐ Bridges Restoration/Crown ☐ Special needs (specify type):
☐Denture:Complete ☒Periodontal Care
☐ Denture: Partial ☒ Implants: Surgical only
☐ Denture:Overdenture ☐Implants:Surgical Restorative
☐ Complex medical needs ☐ Orthodontic care

Patients:
☐Verbal ☒Non-verbal



☐ Please provide written report via Email

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

<div>Patient Name</div> <div>Abeer Asad Bahzad</div> <div>Date</div> <div>2024-06-06 (13:30 - 13:45)</div>	<div>Doctor Name</div> <div>Dr Nadir El Tayeb - Dental (DHA-T-00171042)</div> <div>Date</div> <div>2024-06-06 (13:30 - 13:45)</div>
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