

Dental External Referral Form								
Patient Name	:	Abeer Abdul Khaleq Mohammed		Emirates ID	:	999-9999-999999-9		
File No	:	1351	DOB	:	1985-02-06	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Abdul Khaleq Mohammed

CONTACT NO.:509525259

AGE :39

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 [yoland.com](#))

Reason for Referral:

☐ Consultation ☐ radion

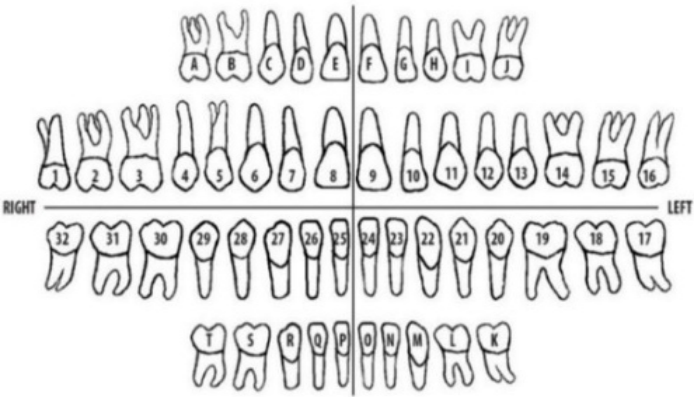
☐Comprehensivecare
☐ Crowns
☐ Bridges
☐Denture:Complete
☐ Denture: Partial
☐ Denture:Overdenture
☐ Complex medical needs

☐ Endo: RCT only
☐Endo:RCT,Permanent Restoration/Crown
☒Periodontal Care
☒ Implants: Surgical only
☐Implants:Surgical Restorative
☐ Orthodontic care

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

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 Abeer Abdul Khaleq Mohammed Date 2024-06-06 (09:45 - 10:00)</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (09:45 - 10:00)</div>