

Dental Internal Referral Form								
Patient Name	:	Abeer Yousef Al Raisi		Emirates ID	:	999-9999-999999-9		
File No	:	245	DOB	:	1992-11-10	Nationality	:	Emirati
Gender	:	Female	Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Yousef Al Raisi CONTACT NO.:567779374 AGE :31

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

☐ 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

Patients:

☐ 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
	<div></div>
Patient Name Abeer Yousef Al Raisi Date 2024-06-06 (11:00 - 11:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-06 (11:00 - 11:15)