

Dental External Referral Form								
Patient Name	:	Abeer Abdul Rahman BA nafea		Emirates ID	:	999-9999-999999-9		
File No	:	1271	DOB	:	1984-02-11	Nationality	:	Emirati
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-06

FULL NAME::Abeer Abdul Rahman  
BA nafea

CONTACT NO.:567259253

AGE :40

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

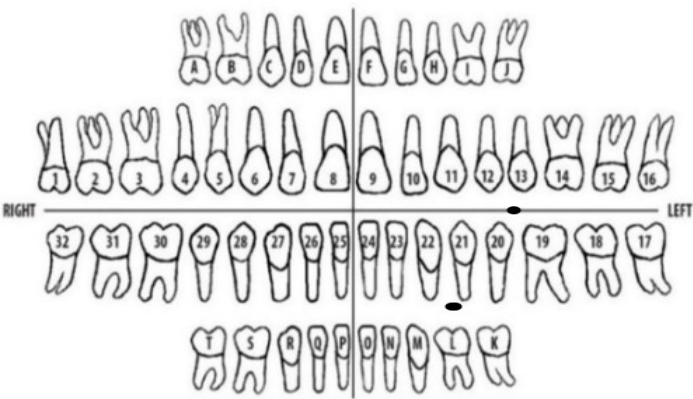
☐X-rays emailed ☐X-rays with patient ☐Need X-rays (please send X-rays to [info@yoland.com](mailto:info@yoland.com))

Reason for Referral: ☐Consultation ☐radion

- ☒Comprehensiveware☐ 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 Abeer Abdul Rahman BA nafea  Date 2024-06-06 (10:00 - 10:15 )</div>	<div>Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042)  Date 2024-06-06 (10:00 - 10:15 )</div>