Dental External Referral Form

Patient Name	:	Aaya abdelsattar Murad mirza (family)				Emirates ID	:	999-9999-999999-9
File No	:	5938	DOB	:	1980-01-01	Nationality	:	Other
Gender	:		Doctor's Name	:	Dr Nadir El Tayeb	Date	:	2024-06-03

FULL NAME::Aaya abdelsattar Murad mirza (family) CONTACT NO.:528228251 AGE :44

Referring Healthcare professional : Dr Nadir El Tayeb

☑ Emergent (send patient to ED) ☑ Urgent (24-72 hours) ☑ Routine (next available)

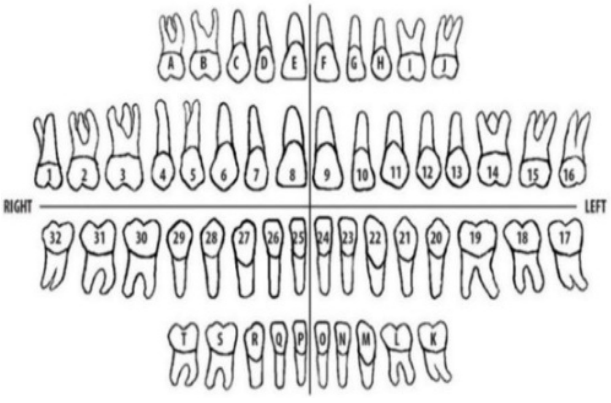
Interpreter needed: ☐ YES ☐ No

☐ X-rays emailed ☐ X-rays with patient ☐ Need X-rays (please send X-rays to â€¦â€¦.yoland.com)

Reason for Referral: ☑ Consultation ☐ radion

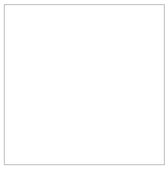
☐ Comprehensive care	☐ Endo: RCT only	☐ Extractions
☐ Crowns	☑ Endo: RCT, Permanent Restoration/Crown	☐ Sedation
☐ Bridges	☑ Periodontal Care	☐ Special needs (specify type):
☐ Denture: Complete	☐ Implants: Surgical only	
☐ Denture: Partial	☑ Implants: Surgical and Restorative	
☐ Denture: Overdenture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

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

	
Patient Name Aaya abdelsattar Murad mirza (family) Date 2024-06-03 (17:15 - 18:15)	Doctor Name Dr Nadir El Tayeb - Dental (DHA-T-00171042) Date 2024-06-03 (17:15 - 18:15)