

**PATIENT INFO**

Urgent - Please book patient ASAP

Name

Parent

Phone  Email

Referring Practitioner  Referral Date

**FRENECTOMY REFERRAL**

Infant (<1 year)  Toddler (1-4 years)  Child (5-18 years)  Adult (18+)

**RELEVANT CONCERNS** (check all that apply)

- Breastfeeding concerns
- Sleep concerns
- Mouth breathing
- Snoring/Sleep disordered breathing
- Grinding/excessive wear
- Dark circles under eyes
- Tongue space issues/deep bite/narrow or retruded jaws/crowding
- Trouble transitioning to solids
- Speech concerns
- Reflux
- Thumb/finger sucking or soother habit
- TMD symptoms
- Tonsils, adenoids, ear infections

**RECORDS TO SEND** (if available)

Xrays (PAN, ceph)  CBCT  Sleep Study  Photos

**SPECIFIC CONCERNS, COMMENTS, OR ANYTHING ELSE WE SHOULD KNOW?**

Please send me more referral pads

