Lindsey McElligott DMD

Laser Release of Lip and Tongue Ties

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Patient Name: _____ Birthdate: _____ Today's Date: _____

Medical Concerns: _____

Birth Weight: _____ Present Weight: _____

Reason For Referral:

☐ Upper Lip Tie ☐ Lower Lip Tie ☐ Tongue Tie

☐ Upper Right Buccal Tie ☐ Lower Right Buccal Tie ☐ Upper Left Buccal Tie ☐ Lower Left Buccal Tie

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Symptoms:

Infant/Child

☐ Poor Latch

☐ Reflux (Spitting up, Gagging and Choking)

☐ Making Clicking Sounds

☐ Gap between Front Teeth

☐ Trouble with Solid Foods

☐ Poor or Delayed Speech

Nursing Mothers

☐ Painful Nursing

☐ Milk Leaks During Feeding

☐ Creased/Cracked/Blanching/Bleeding Nipples

☐ Clogged Ducts

☐ Mastitis

Additional Comments: _____

Referring Specialist: (please circle)

Pediatrician Lactation Consultant Speech Therapist/ Pathologist

Chiropractor Other: _____

Name: _____

Phone #: _____ Email: _____

Address: _____ City: _____ Zip: _____

Patterson #200274360