JUST KEIKI
PEDIATRIC DENTISTRY

141 Ma'a St.
Kahului, HI

808-419-7841

808-419-7842

justkeiki@gmail.com

Lip and Tongue Tie Referral Form

Patient's Name: _____ Age: _____

Parent's Name: _____ Phone Number: _____

Referred by _____ Date: _____

- ⬜ MD or DO
- ⬜ Dentist
- ⬜ Lactation Consultant
- ⬜ Occupational Therapist
- ⬜ Speech Therapist
- ⬜ Myofunctional Therapist
- ⬜ Other _____

Practice Name: _____ Phone: _____

Please provide consultation for:

- ⬜ Lip Tie (labial frenectomy)
- ⬜ Tongue tie (lingual frenectomy)

Please check symptom that apply:

- ⬜ Feeding issues
- ⬜ Speech issues
- ⬜ Orthodontic Issues

Remarks:

_____

_____

_____

_____

For infants less than 6 months
DOB: _____
Vitamin K status? IM / Oral / None:

Email or fax completed form to Just Keiki Pediatric Dentistry