



## Baby Referral Form

At Beyond Pediatric Dentistry, we strive for *optimal* outcomes for you and your baby. In order to ensure that we meet your goals, we recommend seeing a “functionalist” prior to a baby frenectomy. Who is a functionalist? This is a designated professional that looks at the baby’s function at the breast, bottle, or with solids. It can be a lactation consultant, IBCLC, feeding therapist (speech language pathologist or occupational therapist who specializes in infant feeding therapy).

Please have your functionalist fill out this form prior to your child’s frenectomy. Please return via fax or email.

I am referring \_\_\_\_\_ (DOB \_\_\_\_\_) to your office to evaluate the following:

\_\_\_\_ Lip tie

\_\_\_\_ Buccal ties (specify location: \_\_\_\_\_)

\_\_\_\_ Tongue tie

Family information:

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Functionalist Recommendations:

\_\_\_\_ I have assessed the baby’s function and believe he/she is ready for a release.

\_\_\_\_ I have assessed the baby’s function and believe the baby needs more time to get ready.

Baby will be ready in \_\_\_\_\_ days/weeks.

\_\_\_\_ I have assessed the baby and made the following referrals:

\_\_\_\_\_  
\_\_\_\_\_

I would like to see the patient back \_\_\_\_\_ days post release.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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