



LASER CENTER FOR
Pediatric Frenectomies

Medical History:

Check One: _____ Preterm at _____ weeks

Term birth _____

Medical concerns and known problems (include issues of pregnancy and delivery)

1.)

2.)

3.)

Diagnosis of tongue tie or lip tie made by:

Dr. _____ Specialty: _____

Lactation consultant: _____

Prior surgeries or procedures (including lip or tongue clipping)

1.)

2.)

3.)

Family History (including bleeding disorders)

1.)

2.)

3.)