



LASER CENTER FOR
Pediatric Frenectomies

Child's Name _____ DOB _____ M/F _____ Weight _____

Child's Address _____

Most Recent Exam _____ Referred By _____

Father (or Legal Guardian) _____	Mother (or Legal Guardian) _____
-------------------------------------	-------------------------------------

Address _____	Address _____
---------------	---------------

_____	_____
-------	-------

DOB _____	DOB _____
-----------	-----------

Home Phone _____	Home Phone _____
------------------	------------------

Cell Phone _____	Cell Phone _____
------------------	------------------

Email _____	Email _____
-------------	-------------

Who has primary responsibility for this account? _____