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Today's Date:

Patient Name:

Patient DOB:

Parent/Guardian:

Phone:

Email:

Referral Date:

Referred By:

Medication Allergies

Current Medications (including over-the-counter, herbal, vitamins)

**Past Medical History**

Birth weight (lb/oz): \_\_\_\_\_

Present weight: \_\_\_\_\_

Received Vitamin K injections? Yes No

Was your infant premature? Yes No

Does your infant have any heart disease? Yes No if yes, \_\_\_\_\_

Has your infant had any surgery? Yes No if yes, \_\_\_\_\_

Has patient had prior surgery to correct the tongue or lip tie? Yes

**Baby's Symptoms**

- Poor latch
- Falls asleep while attempting to nurse
- Slides off the nipple when attempting to latch
- Colic symptoms
- Reflux symptoms
- Poor weight gain
- Gumming or chewing of your nipple when nursing
- Unable to hold a pacifier in his or her mouth
- Short sleep episodes requiring feeding every 2-3 hours

**Mother's Symptoms**

- Creased, flattened or blanched nipples after nursing
- Cracked, bruised or blistered nipples
- Bleeding nipples
- Severe pain when your infant attempts to latch
- Poor or incomplete breast drainage
- Infected nipples or breasts
- Plugged ducts
- Mastitis or nipple thrush

Family history of Tongue Tie  Lip Tie

**Has your baby had any of the following?**

- Weight loss/gain
- Nasal obstruction
- Swallowing issues
- Cyanosis (turning blue)
- Breathing issues
- Reflux/vomiting/spitting up
- Bleeding problems

**Area of Concern:**

- Lingual
- Maxillary Labial
- Mandibular Labial
  
- Suspected Posterior Tongue Tie
- Other (please specify below)

Please Email Referrals to: [wappett.dental@gmail.com](mailto:wappett.dental@gmail.com)