



RACHEL BARNHART
D.D.S.

2190 Larkspur Lane Suite 100, Redding, Ca 96002
PHONE: (530)222 - 1400 FAX: (530)222-1484
office@rachelbarnhartdds.com

Frenum Release Referral Form

Patient Name: _____ DOB: _____ Age: _____
Parent/Guardian's Name(s): _____
Phone: _____ Email: _____
Referring Provider: _____ Phone: _____
Chief Concern: _____

- TONGUE TIE
- LIP TIE
- CHEEK TIE
- FEEDING/LATCHING PROBLEMS
- OPEN MOUTH POSTURE/MOUTH BREATHING
- TONGUE THRUST
- LOW TONGUE REST POSTURE
- COLIC, HEAVY BREATHING, SNORING, SLEEP CONCERNS (circle all that apply)

Did Patient Receive Vitamin K Injection: Yes No

Notes: _____

