



Chapman Mills **Dental**

Referral

Date: _____

Name of patient: _____

Parent(s) or guardian: _____

Telephone number: _____ Alternate: _____

Please arrive 15 minutes earlier for your consultation appointment

Appointment date: _____ **Time:** _____

- ⑨ Please call patient for an appointment

Reason for referral:

- ⑨ tongue tie
- ⑨ lip tie

Comments / pertinent medical history/ symptoms:

Referred by: _____

Telephone: _____

Please visit our website @ www.chapmanmillsdental.com for more information on tongue/lip tie procedures.

Chapman Mills Dental, 50 Marketplace Avenue, Unit 11 Nepean Ontario K2J 5G3 (613-823-4001)

