



Bryan Fletcher DDS, MSD
Board-Certified Pediatric Dentist

509-662-3621

650 North Miller Street, Wenatchee, WA 98801

childrensdentistrynw.com

info@childrensdentistrynw.com

PEDIATRIC FRENECTOMY REFERRAL

Date: _____

Patient Name: _____ Birth Date: _____

Parent Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Reason for Referral: Labial Frenectomy Lingual Frenectomy

Comments: _____

Referring Doctor Name and Clinic:

Practice Phone Number: _____

