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**CONTRIBUTED BY**

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**Infant Frenectomy Consultation Considerations**

**Patient name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor Exam: Visual and Digital Classification of the lip tie: 1 2 3 4**

**Vital Signs: HR\_\_\_\_\_ Oxygen\_\_\_\_\_\_ RR\_\_\_\_\_\_\_ Temp.\_\_\_\_\_\_\_\_**

* **Lip evaluation:**
* **Callus present on the upper lip? Y / N**
* **Defined Philtrum? Y / N**
* **Full upper lip? Y / N**
* **Upper lip curls up and out (flanges)? Y / N**
* **Lip purses? Y / N**
* **Upper lip stretches and rolls to the tip of the nose? Y / N**
* **Gums blanch when raising lip? Y / N**
* **Muscle tone tight or flexible**

**Tongue evaluation:**

* **Anterior Tongue-Tie: none / slight/ moderate / severe**
1. **Barrier to finger sweep: fence / speed bump**
2. **Blanches gum when tongue retracts**
3. **Sore or blister on tip of tongue**
* **Shape of Tongue: Notched / forked / cupped / heart-shaped / folds down /callous**
* **Posterior tie:(posterior finger speed bump, tenting or cord)**
1. **None**
2. **Short / long**
3. **lingual fiber :Thin/ Thick**
4. **Deep / Hidden ( seen with retraction )**
* **Finger suction: None weak strong**
* **Tongue cycle: continuous progressive wave - short burst with prolonged rest - limited to very weak peristalsis- pistons in and out – incomplete tongue wave**
* **Tongue : posterior elevation / anterior point/ sides curl**
* **Palate: Flat high arched**
* **Asymmetry: Head: R/L Face: R/L Jaw: R/L Neck: R/L Posture: R/L/anterior**
* **other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**