

Parkside Dentistry P.C.
Consent for Procedure

I, _____ consent for _____ to have the Frenulectomy surgical procedure.

Tongue Frenectomy/Frenulectomy: (Tongue Tied) the frenum attachment under tongue may be excised when the tongue has limited mobility; if left untreated this could be affecting the patient's speech and poor oral Hygiene or difficulty eating or nursing. I understand that local Anesthetic and sutures will be placed.

Parent: _____ Date: _____

Witness: _____ Date: _____

I, _____ consent for _____ to have the Upper Lip Frenectomy procedure.

Upper Lip Frenectomy: The frenum attachment under the upper lip to gumline is causing a large diastema (space) between patient's front teeth. If left untreated this could cause poor oral Hygiene and could also cause difficulty eating or feeding. I understand that local Anesthetic and sutures will be placed.

Parent: _____ Date: _____

Witness: _____ Date: _____