

**KENNETH R.  
LEVINE** D.D.S.  
PERIODONTIST

**PERIODONTICS, DENTAL IMPLANTS & LASER THERAPY**

8333 WEST MCNAB ROAD, SUITE 104  
TAMARAC/FT. LAUDERDALE, FLORIDA 33321  
(954) 722-1100 • Fax (954) 722-1434  
www.drklevine.com • drkenny@drklevine.com

Date \_\_\_\_\_

Baby's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parents' Names \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Appt. Date \_\_\_\_\_ Appt. Time \_\_\_\_\_

Referred By \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Area of Concern**

- Upper Lip Tie
- Lower Lip Tie
- Posterior Tongue Tie
- Tongue Tie
- Lower Lingual Tie

**Special Concerns, etc**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Fax to 954-722-1434**