



DESCHUTES PEDIATRIC DENTISTRY

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Dr. Steve Christensen * Dr. Stephanie Christensen
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Patient: _____

Date of Birth: _____

Parent (s) Name: _____

Phone Number: _____

Referring Provider: _____

Insurance: _____

Reason for frenectomy referral? (Please attach any additional pertinent information and pictures with the referral form.)

Frenulums of concern?

Lingual Maxillary (facial) Maxillary (buccal) Mandibular (facial) Mandibular (buccal)

Has the infant had Vitamin K prophylaxis?

No Yes Unknown
 Injection Oral- How many doses? _____

Is the patient under care with an IBCLC?

No Yes, name: _____

Is a follow up appointment scheduled?

No Yes, when? _____

Is the patient currently undergoing any related therapy (craniosacral, PT, feeding, etc.)?

No Yes, what therapy? _____

History

Is there any family history of any frenum alterations?

No (0) Yes, (1) _____

Are there any other health concerns?

No (0) Yes, (1) _____

Breastfeeding:

Time between feedings:

2 or more hours (0) 1 hour or less (2)

Fatigue during feeding?

No (0) Yes (1)

Sucks a little and sleeps?

No (0) Yes (1)

Slips off nipple?

No (0) Yes (1)

History score: _____

PART 1-ANATOMO-FUNCTIONAL EVALUATION

Martinelli Scale

1. Lip posture at rest



Closed (0)



Half-open (1)



Open (1)

2. Tongue posture during crying



Midline (0)



Elevated (0)



Midline with
lateral elevation (2)



Down (2)

3. Shape of the tongue apex when elevated during the crying



Round or square (0)



V-shaped (2)



Heart shaped (3)

Martinelli Scale

4. Lingual Frenulum



Visible



Not visible



Visible with maneuver*

*Maneuver: elevate and push back the tongue

If the frenulum is not visible, go to PART II (Non-nutritive sucking and nutritive sucking evaluations)

4.1 Frenulum thickness



Thin (0)



Thick (2)

4.2 Frenulum attachment to the tongue



Midline (0)



Between midline and apex (2)



Apex (3)

4.3 Frenulum attachment to the floor of the mouth



Visible from the sublingual caruncles (0)



Visible from the inferior alveolar crest (1)

Score: _____

PART II-EVALUATION OF NON-NUTRITIVE AND NUTRITIVE SUCKING

1. Non-nutritive sucking (little finger wearing gloves)

1.1 Tongue movement

- adequate: coordinated movement (0)
- inadequate: restricted tongue anteriorization, uncoordinated movements and sucking delay (1)

2. Nutritive sucking during breastfeeding

(when breastfeeding starts, observe infant sucking during five minutes)

2.1 Sucking rhythm (observe groups of sucking and pauses)

- several sucks in a row followed by a short pause (0)
- a few sucks followed by a long pause (1)

2.2 Coordination among sucking/swallowing/breathing

- adequate (0) (balance between feeding efficiency and sucking, swallowing and breathing functions without stress)
- inadequate (1) (cough, choking, dyspnea, regurgitation, hiccup, swallowing noises)

2.3 Nipple chewing

- No (0) Yes (1)

2.4 Clicking during sucking

- No (0) Yes (1)

Non-nutritive sucking and nutritive sucking score: _____

Total Scores:

Anatomo-function + non-nutritive and nutritive sucking: _____

History + anatomo-function + non-nutritive and nutritive sucking: _____