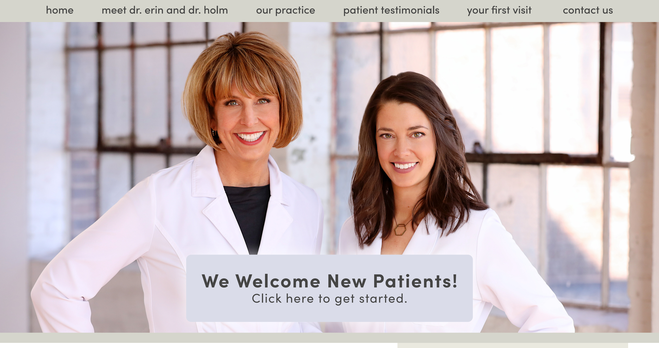


Welcome to our practice.

We think you'll like it here. At Allen & Holm, it is our pleasure to provide you with all of the help that you need to achieve a beautiful smile — one that reflects **our complete commitment** to your total dental health.

Our patients enjoy the beauty, comfort, and youthful quality of life that a healthy smile can provide. Isn't that what we all hope for? It takes more than hope, however — it takes pro-active choices **now**. The type of dentistry you choose today will impact your dental and overall health 20, 30, 40 years from now... Don't take your choice lightly!

Click Here to learn more about our team of smart, caring, compassionate women who will watch over every detail of your smile.

allen & holm
FAMILY & COSMETIC DENTISTRY

Request an Appointment

TOP DENTIST Mpls St Paul Magazine HALL of FAME

Nancy H. Holm, DDS
2020 2019 2018
2016 2009 2007
2005 2002

Minnesota Monthly

Nancy H. Holm, DDS
2020 2019 2018
2016 2014 2010
2009 2007

Been awhile?

There's no need for embarrassment or lectures. We are here to help!

A bright, healthy smile can be yours. Request an appointment today!

Request an Appointment

You've proven to me today that you don't see your patients as "numbers" only, but as valuable individuals.

>> hear what our patients say >>

Keeping You Safe
during the COVID-19 Pandemic

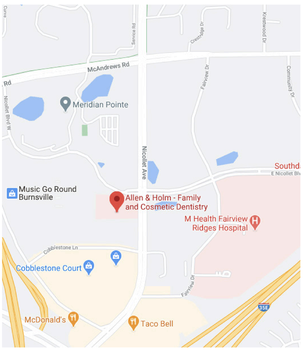
LEARN WHAT WE ARE DOING TO KEEP YOU SAFE

WHAT WE NEED YOU TO DO AT YOU NEXT APPOINTMENT

Dental Implants

Healthy Gums

Emergency Care



LOCATION

Located within the Burnsville Medical Center
14000 Nicollet Avenue South, Suite 302
Burnsville, Minnesota 55337

OFFICE HOURS

Monday	9:00am - 6:00pm
Tuesday	12:00pm - 7:00pm
Wednesday	8:00am - 5:00pm
Thursday	7:30am - 3:30pm
Friday	by appointment
Saturday	one per month

952.435.3335

Feel taken care of.
Request an appointment today!

Appointment Request

If you would like to request an appointment, simply complete the form below and we will be in touch with you soon.

Please Note: We do not accept confirmations or cancellations via this form. If you need to confirm or cancel your appointment, please call our office.

Your Name:

Are you a current patient? ◯ Yes ◯ No

What type of appointment would you like to come in for?

Your Phone Number:

Do we have permission to leave a detailed message? ◯ Yes ◯ No

Your Email Address:

What appointment times work best for you? (Morning or Afternoon? Which Day/s of the Week?)

Submit

Accessibility Statement

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