

Meet your dental team!

Erin K. Allen, DDS

DENTIST

As a dental professional, I strive to build long lasting and supportive relationships with my patients and colleagues. I want your dental appointments to be comfortable and enjoyable (maybe even fun!). What I love most about dentistry is the opportunity to empower my patients to take an active role in their oral and overall health. We're in this together!

Outside of the dental office you will likely find me kayaking down Minnehaha Creek with my husband, seeking out great art and great coffee, or just spending time at home with our beautiful baby boy and our overfriendly cattle dog.



DENTAL SERVICES

Family Dentistry • Cosmetic Dentistry
Periodontics • Implant Dentistry
Temporomandibular and Orofacial Pain Disorders (TMD/TMJ)
Crown & Bridge • Endodontics
Restorative Dentistry • Oral Surgery
Dentures & Partial • Pediatric Dentistry

PROFESSIONAL AFFILIATIONS

American Dental Association
Minnesota Dental Association
Academy of General Dentistry

EDUCATION

Doctor of Dental Surgery
University of Minnesota
School of Dentistry

Bachelor of Art in Visual Art
University of Minnesota
College of Liberal Arts

Bachelor of Science in Business
University of Minnesota
Carlson School of Management

COMMUNITY SERVICE

Give Kids a Smile
Second Harvest Heartland
National Alliance on Mental Illness



Dr. Erin



Dr. Holm



Lea



Katie



Cassie



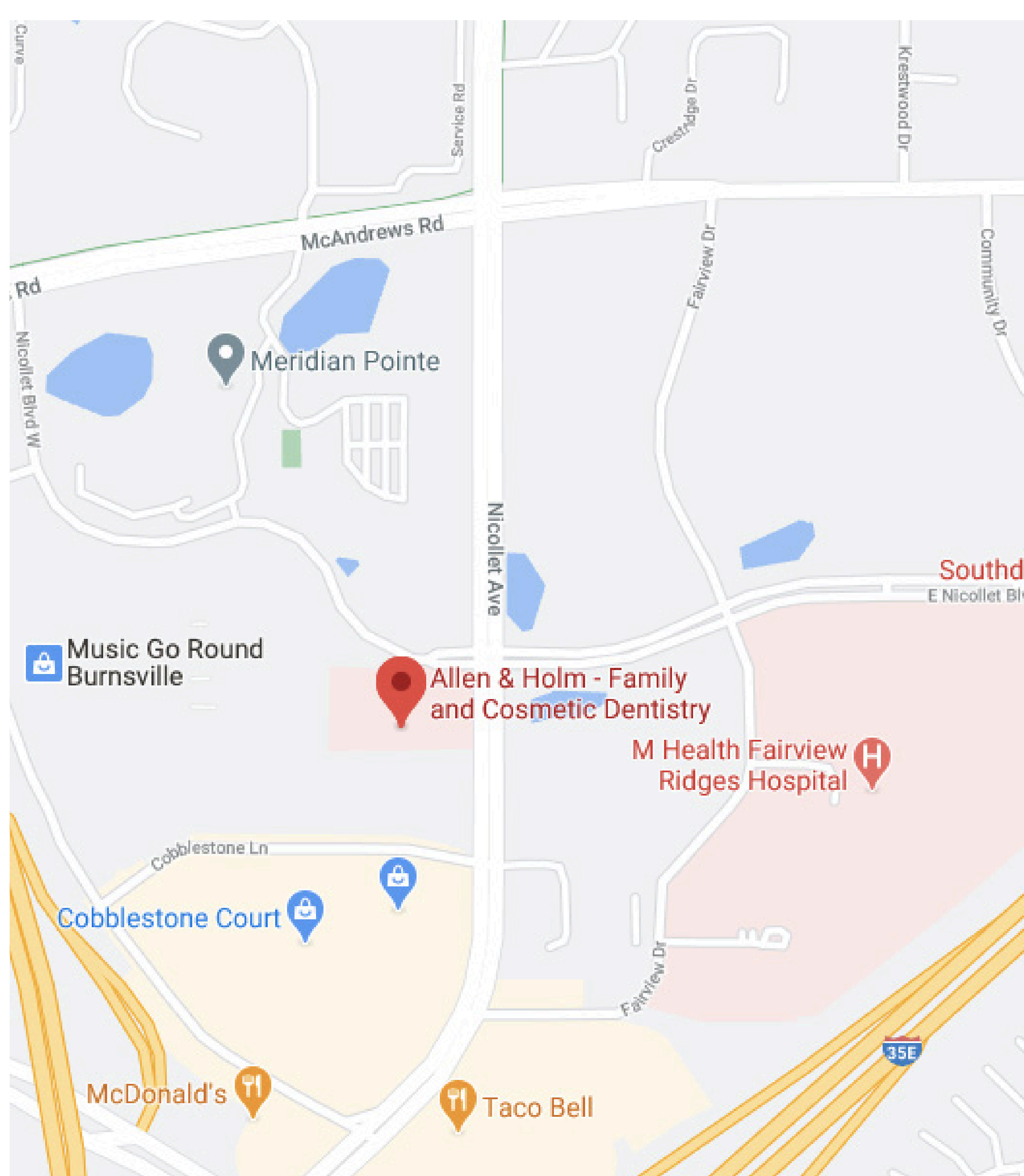
Lindsay



Tari



Leslie



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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14000 Nicollet Avenue South, Suite 302 • Burnsville, Minnesota 55337 • 952.435.3335
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