



DENTAL SPECIALTIES REFERRAL FORM
Gundersen Lutheran Medical Center Inc. | Gundersen Clinic, Ltd.

**1900 South Avenue
La Crosse, WI 54601**

**801 Critter Court
Onalaska, WI 54650**

**3111 Gundersen Drive
Third Floor
Onalaska, WI 54650**

**111 Riverfront
Suite 201
Winona, MN 55987**

Please indicate specialty and location below:

- Endodontics** (608) 775-2753 or (800) 362-9567, ext. 52753
FAX: 608-775-4430
 - La Crosse**
 - Onalaska** 801 Critter Court
 - Winona**

- Pediatric Dentistry** (608) 775-2867 or (800) 362-9567, ext. 52867
FAX: 608-775-4430
 - La Crosse**

- Oral & Maxillofacial Surgery** (608) 775-2260 or (800) 362-9567, ext. 52260
FAX: 608-775-5929
 - La Crosse**
 - Onalaska** 3111 Gundersen Drive
 - Winona**

- Orthodontics** (608) 775-2202 or (800) 362-9567, ext. 52202
FAX: 608-775-4430
 - La Crosse**
 - Prairie du Chien**
 - Winona**

- Periodontics** (608) 775-2696 or (800) 362-9567, ext. 52696
FAX: 608-775-5929
 - La Crosse**
 - Onalaska** 801 Critter Court
 - Winona**

- Orthodontics** (608) 775-8152 or (800) 362-9567, ext. 58152
FAX: 608-775-8169
 - Onalaska**, 801 Critter Court
 - Tomah**
 - Decorah**

- Prosthodontics** (608) 775-2858 or (800) 362-9567, ext. 52858
FAX: 608-775-4430
 - La Crosse**

Date: _____
 Referring Dentist Name: _____ Referral to Doctor or Specialty: _____
 Patient Name: _____ DOB: _____
 Address: _____ Home Phone: _____ Work /Cellphone _____
 Reason for Referral: _____

Tooth Number:
Please Circle

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Endodontics: Post space required? Yes ___ No ___ **X-rays:** Mail Hand Carry E-mail
Appointment: Date: _____ **Time:** _____