



**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:** \_\_\_\_\_