

# GUNDERSEN HEALTH SYSTEM®

**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

201 3<sup>rd</sup> Street North  
La Crosse, WI 54601

505 Gopher Drive  
Tomah, WI 54660

118 South Marquette Road  
Prairie du Chien, WI 53821

202 West Main Street  
Decorah, IA 52101

*Please indicate specialty and location below:*

**Endodontics**  
(608) 775-2753 or (800) 362-9567, ext. 52753;  
FAX: 608-615-1855  
o **La Crosse** 201 3<sup>rd</sup> Street

**Pediatric Dentistry**  
(608) 775-2867 or (800) 362-9567, ext. 52867  
FAX: 608-615-1855  
o **La Crosse** 201 3<sup>rd</sup> Street

**Oral & Maxillofacial Surgery**  
(608) 775-2260 or (800) 362-9567, ext. 52260  
FAX: 608-775-5929  
o **La Crosse** 1900 South Avenue  
o **Onalaska** 3111 Gundersen Drive  
o **Winona**  
o **Prairie du Chien**  
o **Tomah**

**Orthodontics**  
(608) 775-2202 or (800) 362-9567, ext. 52202;  
FAX: 608-615-1855  
o **La Crosse** 201 3<sup>rd</sup> Street  
o **Prairie du Chien**  
o **Winona**

**Periodontics** (608) 775-2696 or (800) 362-9567,  
ext. 52696; FAX: 608-615-1855  
o **La Crosse** 201 3<sup>rd</sup> Street

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

**Prosthodontics** (608) 775-2858 or (800) 362-  
9567, ext. 52858; FAX: 608-615-1855  
o **La Crosse** 201 3<sup>rd</sup> Street

**X-rays:**  Mail  Hand Carry

E-mail  Pan  BW  PA(S)

Date: \_\_\_\_\_ Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referring Dentist Name: \_\_\_\_\_ Ref to Dr. or Specialty: \_\_\_\_\_

Referring Dentist E-mail: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work /Cellphone: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Please email this completed form to either:

[dentalspecialties@gundersenhealth.org](mailto:dentalspecialties@gundersenhealth.org) or [oralsurgery@gundersenhealth.org](mailto:oralsurgery@gundersenhealth.org)

Tooth Number:  
(Please Circle)

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| 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