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 3rd Street North
La Crosse, WI 54601

505 Gopher Drive
Tomah, WI 54660

118 South Marquette Road
Prairie du Chien, WI 53821

Please indicate specialty and location below:

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

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

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

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

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

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

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

X-rays: ☐ Mail ☐ Hand Carry

☐ E-mail ☐ Pan ☐ BW ☐ PA(S)

PLEASE include either a FMX or conventional panoramic x-ray.

Date: _____

Patient Name: _____ **DOB:** _____ **Phone:** _____

Patient Address: _____

Referring Dentist Name: _____

Referring Dentist Office: _____

Referring Dentist Email: _____

Reason for Referral: _____

_____

Please email this completed form to either:

dentalspecialties@gundersenhealth.org **or** oralsurgery@gundersenhealth.org

Tooth Number: (Please Check)

☐ 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