

LA CROSSE
615 South 10th Street
La Crosse, WI 54601
Phone: (608) 784-7319
Fax: (608) 784-4384



ONALASKA
2819 National Drive
Onalaska, WI 54650
Phone: (608) 782-8193
Fax: (608) 782-4517

Coulee Region Implant & Oral Surgery
Email: fd@selectimplants.com

Leslee Timm, DDS FACP | Charles Polzin, DDS | Adam Sorenson, DDS

Patient's Name: _____

Date of Birth: _____

Telephone: _____

Address: _____

Parent/Guardian of Minor: _____

Parent/Guardian DOB: _____

Insurance Carrier: _____

Policy Holder Name: _____

Member ID: _____

Policy Holder DOB: _____

Group #: _____

Policy Holder Employer: _____

COMMENTS:

Surgeon to call Referring Provider

Routine

Urgent

Emergency

Implants

Oral Lesion

TMJ

Orthognathic

Tooth Extraction as listed

CHECK ANESTHESIA REQUIRED:

Local

IV Sedation

R

1 2 3 4 5 6 7 8

A B C D E

T S R Q P

32 31 30 29 28 27 26 25

9 10 11 12 13 14 15 16

F G H I J

O N M L K

24 23 22 21 20 19 18 17

L

Referring Provider Name: _____

Referring Provider Signature: _____

Please Print Name

Date: _____