University of Minnesota
Orthodontic Faculty Practice
515 Delaware Street S.E.
Minneapolis, MN 55455
Phone (612) 626-2011
www.gopherbraces.com

ORTHODONTIC REFERRAL FORM

Refer to:

- ☐ Thorsten Gruenheid, DDS, Dr med dent, PhD
- ☐ John Beyer, DDS, PhD
- ☐ First available provider

PATIENT INFORMATION

Name: ____________________ Date of Birth: ____________

Contact/Responsible Party: ____________________

Phone Number: ____________________

REASON FOR REFERRAL

Please evaluate the patient for:

- ☐ Early/Limited Treatment
- ☐ Full Orthodontic Treatment
- ☐ Craniofacial Orthopedics
- ☐ Pre-Restorative Treatment
- ☐ Orthognathic Surgery
- ☐ Other: ____________________

REFERRING PROVIDER

Name: ____________________

Address: ____________________

Phone Number: ____________________