



Dr Laura Lux, DDS, MS  
(Formally Lake Geneva Prosthodontics)

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Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Referred For: \_\_\_\_\_

- Prosthodontic Evaluation/Consultation
- Fixed Prosthodontic Reconstruction
- Complete/Partial Denture(s)
- Implant Dentistry
- Veneers
- Other \_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recent full mouth series or Panorex **REQUIRED**  
prior to all examinations.

- Patient will bring.
- With referral letter/email.
- Please take

**NOTE:** Patients are returned to referring doctor for regular  
care upon completion of requested treatment.