

Consultation / Service Request Please complete. WE ARE UNABLE TO PROCESS REQUEST UNTIL REQUIRED INFORMATION IS PROVIDED

| | First available appropriate specialist | , or requested specialist indicated below : |
|---|--|---|
| · | | , or requested specialist maleated below . |

| ORTHOPEDIC SUBSPECIALTIES | | | | |
|--|---|--|--|--|
| Joint Replacement - Hip & Knee Steven Rochell, MD John Daniels, MD Frank Bohnenkamp, MD | Orthopedic Trauma Kevin Carlile, MD Huntley office only Jeffrey Earhart, MD Huntley office only NEUROSURGERY & Spine | | | |
| Joint Replacement - Shoulder | Richard Broderick, MD Huntley office only | | | |
| Sports Medicine Rolando Izquierdo, MD: Shoulder, Knee Steven Rochell, MD: Shoulder, Knee Jon Whitehurst, MD: Shoulder, Knee Huntley office only Geoffrey Van Thiel, MD: Complex knee, Shoulder | EMGs Ryan Enke, MD THERAPY / REHABILITATION | | | |
| Hip Arthroscopy Geoffrey Van Thiel, MD: Hip, Complex knee, cartilage restoration Hand / Wrist / Elbow Kelly Holtkamp, MD Brian Foster, MD Huntley office only Kenneth Kanada MD, the the Size of the second sec | Physical Therapy Hand / Occupational Therapy Add'I sub-specialty ortho available from Rockford office | | | |
| Kenneth Korcek, MD Huntley office only Orthopedic Spine Brian Braaksma, MD Huntley office only | Pediatric Orthopedics Scott Ferry, MD | | | |
| FAX FORM TO: 815.381.7498 And instruct patient that Ortholllinois will contact them to set up appointment. APPOINTMENT PRIORITY: Priority (Next available) Routine Work comp Motor vehicle injury Purpose of Request: Render opinion Transfer of care | | | | |
| Referring physician: | | | | |
| | one #: Fax #: | | | |
| Patient name: DOB: _ | Home phone#: | | | |
| Work#: Best time Address: | to call: | | | |
| Insurance: | | | | |
| Diagnosis (be as specific as possible please: | | | | |
| Date of injury: | | | | |
| Diagnostic Tests completed at: | | | | |