OrthoIllinois®
ALGONQUIN   ELGIN

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 :**

ORTHOPEDIC SUBSPECIALTIES

Joint Replacement - Hip & Knee
❏ Steven Rochell, MD
❏ John Daniels, MD
❏ Frank Bohnenkamp, MD
❏ Scott Mox, MD

Joint Replacement - Shoulder
❏ Rolando Izquierdo, MD

Sports Medicine
❏ Rolando Izquierdo, MD: **Shoulder, Knee**
❏ Steven Rochell, MD: **Shoulder, Knee**
❏ Jon Whitehurst, MD: **Shoulder, Knee**
❏ Geoffrey Van Thiel, MD: **Complex knee, Shoulder**
❏ Jeffrey Kazaglis, MD

Hip Arthroscopy
❏ Geoffrey Van Thiel, MD: **Hip, Complex knee, cartilage restoration**

Hand / Wrist / Elbow
❏ Kelly Holtkamp, MD
❏ Brian Foster, MD
❏ Kenneth Korcek, MD

Orthopedic Spine
❏ Brian Braaksma, MD

Pediatric Orthopedics
❏ Scott Ferry, MD

Orthopedic Trauma
❏ Kevin Carlile, MD
❏ Michael Berkson, MD *Elgin office*

Occupational Health
❏ Larry Wellendorf, MD

NEUROSURGERY & Spine
❏ Richard Broderick, MD

EMGs
❏ Ryan Enke, MD

THERAPY / REHABILITATION
❏ Physical Therapy
❏ Hand / Occupational Therapy

FAX FORM TO: 815.381.7498
And instruct patient that OrthoIllinois 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: _____
  Contact name: _____ Phone #: _____ Fax #: _____

Patient name: _____ **DOB:** _____   Home phone#: _____
  Work#: _____   Best time to call: _____
  Address: _____

Insurance: _____

Diagnosis (be as specific as possible please: _____
_____
_____
_____

Date of injury: _____

Diagnostic Tests completed at: _____
❏ MRI ❏ X-rays ❏ EMG ❏ Bone density ❏ Lab tests ❏ Last medical note

CO004 - 08.2018