



Musculoskeletal, Neurosurgery, & Diagnostic Consultation / Service Request

Please complete. WE CANNOT PROCESS REQUEST UNTIL REQUIRED INFORMATION IS PROVIDED

First available appropriate specialist , or requested specialist indicated below :

ORTHOPEDIC (Non-Op spine see Physical Med.& Rehab.)

Joint Replacement - Hip & Knee

- Michael Chmell, MD
- Mark Barba, MD
- Victor Antonacci, MD
- John Bottros, MD

Joint Replacement - Shoulder

- Brian Bear, MD
- Scott Trenhaile, MD
- Jon Whitehurst, MD

Sports Medicine - Arthroscopic Shoulder & Knee

- Scott Trenhaile, MD (+ Elbow)
- Jon Whitehurst, MD
- Geoffrey Van Thiel, MD (+ Hip)

Pediatric

- Scott Ferry, MD

Spine

- Brian Braaksma, MD

Hand / Elbow

- Brian Bear, MD
- Kenneth Korcek, MD
- Edric Schwartz, MD
- Brian Foster, MD

Trauma / Fracture Care

- Marc A. Zussman, MD
- Jeffrey Earhart, MD

NEUROSURGERY

- Todd Alexander, MD, SC
- Richard Broderick, MD, FACS

PODIATRY

Foot & Ankle Surgery - Routine care services NOT offered (corns, calluses, etc.)

- William Bush, DPM
- Kelly John, DPM, MHA

PHYSICAL MEDICINE & REHABILITATION

Interventional pain mgmt., needle EMGs, spasticity, non-op spine care

- Ryan Enke, MD
- Zeeshan Ahmad, MD

THERAPY / REHABILITATION

- Physical Therapy
- Hand / Occupational Therapy

OCCUPATIONAL MEDICINE

- Robin Borchardt, MD

RHEUMATOLOGY

Physicians require up to 1 week to review records before patient will be contacted. Please include all notes and tests when faxing consultation request, along with insurance card to expedite.

- David Dansdill, MD
- Richard Olson, MD (Osteoporosis only)
- Andrew Jasek, MD
- Saad Tariq, MD

DEXA SCAN / READ

EMG

MRI **HMO Authorization or Pre-Certification #** _____ **(Required)**

FAX FORM TO: 815.381.7498

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):

Date of injury: _____

Diagnostic Tests completed at: _____

- MRI X-rays EMG Bone density Lab tests Last medical note