

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

**Sports Medicine**

- Rolando Izquierdo, MD
- Steven Rochell, MD
- Jon Whitehurst, MD
- Geoffrey Van Thiel, MD
- Jeffrey Kazaglis, MD

**Hip Arthroscopy**

- Geoffrey Van Thiel, MD:

**Hand / Wrist / Elbow**

- Kelly Holtkamp, MD
- Debdut Biswas, MD *for appointments beginning 3-1-2019*
- Brian Foster, MD
- Kenneth Korcek, MD

**Orthopedic Spine**

- Brian Braaksma, MD
- Tom Stanley, MD

**Pediatric Orthopedics**

- Scott Ferry, MD

**Orthopedic Trauma**

- Kevin Carlile, MD

**NEUROSURGERY & Spine**

- Richard Broderick, MD

**Podiatry**

- Nicholas Brissey, DPM

**Occupational Health / Urgent Injury Care**

- Pradeep Raju, MD
- Larry Wellendorf, MD

**PM&R / Interventional Spine** (10/1/2018)

- Christopher Faubel, MD

**THERAPY / REHABILITATION**

- Physical Therapy
- Hand / Occupational Therapy

**FAX FORM TO: 815.381.7498**

And instruct patient that Orthollinois 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