

First available appropriate specialist , or requested specialist indicated below :

ORTHOPEDIC

Joint Replacement - Hip & Knee

- John Daniels, MD
- Frank Bohnenkamp, MD
- Michael Harvey, MD - 9/07/21
- Scott Mox, MD
- Shawn Palmer, MD

Sports Medicine

- Rolando Izquierdo, MD
- Cort Lawton, MD
- Jon Whitehurst, MD
- Geoffrey Van Thiel, MD
- Jeffrey Kazaglis, MD

Hip Arthroscopy

- Geoffrey Van Thiel, MD

Hand / Wrist / Elbow

- Kelly Holtkamp, MD
- Trevor Schott, MD - 9/13/2021

Orthopedic Spine

- Brian Braaksma, MD
- Tom Stanley, MD

Pediatric Orthopedics

- Scott Ferry, MD

Orthopedic Trauma

- Kevin Carlile, MD

PODIATRY

- Nicholas Brissey, DPM

PM&R / Interventional Spine

- Christopher Faubel, MD

OCC. HEALTH / Urgent Injury Care

- Pradeep Raju, MD
- Larry Wellendorf, MD

RHEUMATOLOGY

- Jacqueline Kannan, MD
- Amrit Anand, MD

THERAPY / REHABILITATION

- Physical Therapy
- Hand / Occupational Therapy

JOYNT PROGRAM

Weight loss program for patients with BMI of 40 or higher needing knee/hip replacement.

DIAGNOSTIC

- EMG
 - MRI *HMO Authorization or pre-cert*
- # _____
(Required)

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