

First available appropriate specialist , or requested specialist indicated below :

ORTHOPEDIC

Joint Replacement - Hip & Knee

- John Daniels, MD
- Frank Bohnenkamp, MD
- Michael Harvey, MD
- 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

- Anthony Logli, MD

Orthopedic Spine

- Tom Stanley, MD
- Zachary Goldstein, MD

Pediatric Orthopedics

- Scott Ferry, MD

Orthopedic Trauma

- Kevin Carlile, MD

PODIATRY

- Matthew Sorensen, DPM, FACFAS

PM&R / Interventional Spine

- Christopher Faubel, MD
- Neal Shah, MD

Urgent Injury Care

- Pradeep Raju, MD
- Anthony Rizzo, DO

RHEUMATOLOGY

- Jacqueline Siddiqui, MD

CHIROPRACTIC

- Scott Spengel, DC

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