

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 - Arthroscopy

- Scott Trenhaile, MD: **Shoulder, Knee, Elbow**
- Jon Whitehurst, MD: **Shoulder, Knee**
- Geoffrey Van Thiel, MD: **Hip, Knee**
- Sports and General Non-Operative:*
- Jason Davenport, MD

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
- Joshua Blomberg, MD

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

- Sean MacKenzie, MD
- Ryan Enke, 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
- Andrew Jasek, MD Beginning April 14, 2014

OCCUPATIONAL MEDICINE

- Robin Borhardt, MD

THERAPY / REHABILITATION

- Physical Therapy
- Hand / Occupational Therapy

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*: _____ * Podiatry service not available for IDPA patients

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