OrthoIllinois®
ALGONQUIN   ELGIN

Consultation / Service Request
Please complete.
WE ARE UNABLE TO PROCESS REQUEST UNTIL REQUIRED INFORMATION IS PROVIDED

❑ **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

Joint Replacement - Shoulder
❑ Rolando Izquierdo, MD

Sports Medicine
❑ Rolando Izquierdo, MD: **Shoulder, Knee**
❑ Steven Rochell, MD: **Shoulder, Knee**
❑ Jon Whitehurst, MD: **Shoulder, Knee**
❑ Geoffrey Van Thiel, MD: **Complex knee, Shoulder**
❑ Jeffrey Kazaglis, MD

Hip Arthroscopy
❑ Geoffrey Van Thiel, MD: **Hip, Complex knee, cartilage restoration**

Hand / Wrist / Elbow
❑ Kelly Holtkamp, MD
❑ Brian Foster, MD
❑ Kenneth Korcek, MD

Orthopedic Spine
❑ Brian Braaksma, MD

Pediatric Orthopedics
❑ Scott Ferry, MD

Orthopedic Trauma
❑ Kevin Carlile, MD
❑ Michael Berkson, MD *Elgin office*

NEUROSURGERY & Spine

❑ Richard Broderick, MD

Podiatry

❑ Nicholas Brissey, DPM

Occupational Health / Urgent Injury Care

❑ Pradeep Raju, MD
❑ Larry Wellendorf, MD

Physical Medicine & Rehabilitation (10/1/2018)

❑ Christopher Faubel, MD

THERAPY / REHABILITATION

❑ Physical Therapy
❑ Hand / Occupational Therapy

FAX FORM TO: 815.381.7498
And instruct patient that OrthoIllinois 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

CO004 - 08.2018