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If you are injured at work, please have your Workman’s Compensation Carrier fax a signed authorization, on their letterhead and signed by your Adjuster, to 847-318-7272, Attn: New Patient Desk. Along with this authorization, have them send a copy of your most recent MRI, CT, and/or X-Ray reports. We will give all this information to our doctors in triage and they will prioritize your new patient appointment.

Please completely answer the following questions:

What was the date of your injury?	
Have you advised your employer of your work-related injury?	
Has your employer filed an incident report with their Workman’s Compensation carrier?	
What is the name and address of your company’s the Workman’s Compensation carrier?	
What is your W/C claim number?	
What is your Adjuster’s name?	
What is your Adjuster’s phone number?	
Who is your Nurse Case Manager?	
What is the Nurse Case Manager’s phone number?	
Have you had an imaging study done?	
Do you have the disc and report from the imaging study?	
Is this a primary consultation or a second-opinion?	