

**Preferred Health System:**  Metro Health  Mercy Health  Spectrum Health  No Preference

**Office Locations**

**\*Mark if specific location request. Please note that not all physicians practice at all offices\***

1111 Leffingwell Ave Ne, Grand Rapids, MI 49525  705 South Greenville West Drive, Greenville, MI 48838, Suite 102C  
 2373 64th St Sw, Byron Center, MI 49315, Suite 2500  555 Midtowne St Ne, Grand Rapids, MI 49503, Suite 105

**No Provider Preference. First Available for the Following Specialty**

Trauma  Hand & Upper Extremity  Joint Replacement/Revision  Foot & Ankle  Bone Health  Pediatric/Adolescent  
 Physical Medicine & Rehab  EMG/NCV  Spine Surgery/Spine Fractures  Sports Medicine  Trauma  Weight Management

**Foot & Ankle Department**

John Anderson, MD  John Maskill, MD  
 Donald Bohay, MD

**Fracture Care & Trauma**

David Bielema, MD  Kristopher Danielson, DO  
 Terrence Endres, MD  Geoffrey Sandman, MD

**Hand & Upper Extremity**

Scott Burgess, MD  B Kent Maupin, MD  
 Viet Do, MD  Leland Gossett, MD  
 Julian Kuz, MD

**Physical Medicine/Injections/Regenerative Medicine/Spine/EMG Services**

James Ellis, MD  Randolph Russo, MD  
 James Lee, MD  Adam Hull, DO

**Spine Surgery/ Spine Fractures**

J Todd Brown, DO  Scott Russo, MD (Pediatric & Adolescent Deformity)  
 Kenneth Easton, MD  James Stubbart, MD  
 Kenneth Kozlow, MD

**Sports Medicine/Ligament Reconstruction**

James Bakeman, MD  Tim Henne, MD  Tim Lenters, MD (Shoulders Only)  
 John Healey, MD  Michael Jabara, MD  Thomas Matelic, MD  
 Erik Hedlund, DO  Kory Johnson, DO  Peter Theut, MD

**Joint Replacement/Joint Revision**

James Bakeman, MD  Michael Jabara, MD  
 David Bielema, MD  Kory Johnson, DO  
 Kristopher Danielson, DO  Tim Lenters, MD (Shoulders Only)  
 Ben Harper, MD  Thomas Malvitz, MD  
 John Healey, MD  Geoffrey Sandman, MD  
 Erik Hedlund, DO  Benjamin Strong, MD  
 Tim Henne, MD  Peter Theut, MD

**Bone Health & Osteoporosis**

Tammy Beckett, NP-C **Fax:616-464-6167**

**Ideal Protein Weight Management**

**Fax:616-459-9560**

**Patient Information**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Insurance \_\_\_\_\_

Diagnosis/ICD-10 \_\_\_\_\_ Physician \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_