

Deposition Request Form

Select: **Deposition Only** **Video Deposition**

Select the preferred physician:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> John Anderson, MD | <input type="checkbox"/> Mark Asperheim, MD | <input type="checkbox"/> James Bakeman, MD | <input type="checkbox"/> David Bielema, MD |
| <input type="checkbox"/> Donald Bohay, MD | <input type="checkbox"/> J. Todd Brown, DO | <input type="checkbox"/> Scott Burgess, MD | <input type="checkbox"/> Mark DeHaan, MD |
| <input type="checkbox"/> Viet Do, MD | <input type="checkbox"/> Kenneth Easton, MD | <input type="checkbox"/> James Ellis, MD | |
| <input type="checkbox"/> Terrence Endres, MD | <input type="checkbox"/> Erick Hedlund, DO | <input type="checkbox"/> Michael Jabara, MD | <input type="checkbox"/> Kory Johnson, DO |
| <input type="checkbox"/> Kenneth Kozlow, MD | <input type="checkbox"/> Julian Kuz, MD | <input type="checkbox"/> James Lee, MD | <input type="checkbox"/> Thomas Malvitz, MD |
| <input type="checkbox"/> John Maskill, MD | <input type="checkbox"/> Thomas Matelic, MD | <input type="checkbox"/> B. Kent Maupin, MD | <input type="checkbox"/> Steve Naum, MD |
| <input type="checkbox"/> Randall Palmitier, MD | <input type="checkbox"/> Randolph Russo, MD | <input type="checkbox"/> Scott Russo, MD | <input type="checkbox"/> James Stubbart, MD |
| <input type="checkbox"/> Peter Theut, MD | <input type="checkbox"/> _____ | | |

Patient Name _____ DOB _____ SS# _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Date of Injury _____ Complaint _____

Date of Trial (if applicable) _____

Who is requesting the appointment?

Attorney _____

Address _____

Contact Person _____ Ph# _____ Fax# _____

Insurance Company/Third Party _____

Address _____

Contact Person _____ Ph# _____ Fax# _____

Who is paying for this service?

Attorney _____ Claim # _____

Address _____

Special Notes/Instructions: