

Request To Pre-Designate Physician In Case Of Work-Incurred Injury Or Illness

To: _____ (Name of Employer)

Attention, Human Resources Department:

If I am injured due to a work-incurred injury or illness, it is my desire to be treated by my own personal physician who has treated me in the past, knows my medical history and who is in possession of my medical records (this can no longer be a chiropractor).

My physician, or his designated employee, by his signature affixed below, has agreed to be pre-designated as my treating physician.

Employee's Name _____

Employee's Social Security # _____

Doctor's Name _____

Doctor's Address _____

Doctor's Telephone Number _____

Employee's Signature _____ Date _____

Doctor's Signature _____ Date _____

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, Section 9780.1(a)(3).