

PERSONAL PHYSICIAN FORM

To (Name of Employer):

In the event that I sustain a job-related illness or injury, I designate my personal physician to provide medical care immediately after the injury, and for the purpose of all related care, as appropriate, for the duration of my treatment for that illness or injury. My physician has agreed to be predesignated. By making this request, I am not waiving my right to immediate, appropriate and adequate emergency medical treatment in instances where my personal physician is unavailable, nor am I waiving my right to be referred to specialists or other providers as necessary.

Personal Physician:

(physician's name, office, clinic or hospital)

Address:

Telephone:

Employee's signature:

Employee's name (print):

Date:

Instructions: In accordance with the new workers' compensation reform law enacted April 19, 2004, as it amends Labor Code Section 4600, if your employer provides group health coverage, you are allowed to predesignate your primary care physician from your employer-provided group health coverage plan as your personal physician for your workers' compensation medical treatment. **If you predesignate your personal physician, you will be allowed to be treated by this doctor immediately after you are injured. If you fail to pre designate your personal physician, your employer may select a physician for you from the date of injury.**