

NOTICE OF PRE-DESIGNATION OF PERSONAL PHYSICIAN

In the event of an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical practitioner if:

- Your employer offers group health coverage;
- The doctor is your regular physician who regularly directs your medical treatment, and retains your medical records;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer with pre-designation form.

If you wish to designate a physician, complete the following, and have your physician sign agreeing to treat you.

Employee: Complete this section:

If I have a work-related injury or illness, I choose to be treated by:

Physician

Address

City State Zip

(____) ____ - ____
Telephone

I do not wish to designate a physician for work related injuries.

Employee Name (please print): _____

Employee Address

City State Zip

Employee Signature

Date

Physician: I agree to this Pre-designation:

I hereby agree to treat the above mentioned employee in the event of any occupational injury or illness. I have previously treated this patient and maintain his/her medical record.

Signature of Physician

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).