

General Teamsters Local No. 439

Choice Of Physician-On The Job Injuries

Employer: _____ Department: _____

Employee: _____

PRE-DESIGNATION OF TREATING PHYSICIAN

Please be advised that I designate the following physician as my treating physician for any work-related injuries:

Doctor's Name: _____

Address: _____

Telephone: _____

Employee's Signature: _____ Date: _____

My Physician declares as follows: pursuant to Labor Code section 4600, I am the above employee's regular physician and surgeon or primary care physician. I have previously directed the employee's medical treatment and retain his or her medical records, including his or her medical history. I agree to be pre-designated as the employee's treating physician for work-related injuries.

Physician's Signature: _____ Date: _____