

Designation of personal physician

If I am injured on the job, I wish to be treated by my personal physician who has treated me before and who has my medical records. (This can no longer be a chiropractor.) My physician has agreed to be pre-designated.

Employee's Name: _____

Your Doctor's Name: _____

Doctor's Address: _____

Doctor's Telephone Number : _____

Employee's Signature: _____ Date: _____

Doctor's Signature (required): _____ Date: _____

Si me lesionara en el trabajo, quisiera que me atienda mi medico personal, quien me ha atendido antes y tiene mi expediente medico. (Este no puede ser un quiropractico.) Mi medico esta de acuerdo de ser predesignado.

Nombre de Empleado: _____

Nombre de su Doctor: _____

Direccion de su Doctor: _____

Numero de Telefono de su Doctor : _____

Firma del Empleado: _____ Fecha: _____

Firma del Doctor (obligatorio): _____ Fecha: _____