

DESIGNATION OF PERSONAL PHYSICIAN FOR TREATMENT OF INDUSTRIAL INJURY/ILLNESS

Pursuant to Labor Code §§ 4600 and 4601, you, as employer of the undersigned, are duly notified that in the case of a claimed industrial injury or illness the undersigned elects to receive treatment from the undersigned's personal physician, named below:

Name of Employee : _____
Address : _____
City, State, Zip Code : _____
Phone : _____

Name of Doctor : _____
Address : _____
City, State, Zip Code : _____
Phone : _____

Employee's Signature

This document was filed with the employer by personal delivery to the following employer representative on the date below.

Date

Employer Representative

cc: Employee
Labor Union
Doctor

NOTICE! Failure to honor the above designation may make any reports by any doctor other than designated above INADMISSIBLE in any proceeding before the Workers' Compensation Appeals Board; may subject the employer and/or insurance carrier to imposition of PENALTIES of 10% on ALL medical treatment provided to the injured worker (LC § 5814); and may be considered a false or fraudulent statement or material representation for the purpose of denying workers' compensation benefits, a felony.