



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 or chiropractor 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/or surgeon and 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 _____