



**DESIGNATION OF PERSONAL TREATING PHYSICIAN**

In the event an employee sustains an injury or illness arising out of their employment, the California Labor Code, including Section 4600, provides to the employee the right to designate and be treated by their personal physician from the date of the occurrence or illness, if the employer has been notified of the employee's choice in writing prior to the date of the occurrence or illness, the employer provides group health insurance coverage, the physician is the employee's primary care physician, and the physician has agreed to be so designated.

**THIS SHALL SERVE AS THE EMPLOYEE'S NOTICE TO:**

\_\_\_\_\_  
Name of Employer

I, the undersigned employee do hereby notify my employer, that in the event I sustain injury or illness during the course and scope of my employment, or arising out of the course and scope of said employment, I do hereby select and pre-designate the physician named below as my treating physician to render, provide, manage, direct, and supervise all medical care and treatment arising from said injury or illness.

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Social Security Number

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

I am the primary care physician for the above named employee. I have previously treated and directed the care and treatment for said employee, and I am in possession of said employee's medical records. I do hereby consent and agree to this selection and pre-designation by said employee.

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date