

## Predesignation of Treating Physician/Chiropractor

If I am injured on the job, I wish to be treated by my personal physician or personal chiropractor, who has treated me before and who has my medical or chiropractic treatment records.

Si me lesionara en el trabajo, quisiera que me atienda mi médico personal o mi quiropráctico personal; quien me ha atendido antes y tiene mi expediente médico o expediente quiropráctico.

### Employee's Information

Name/Nombre: \_\_\_\_\_

### Your Doctor's Information

Doctor: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

Phone/Tel: \_\_\_\_\_

City/Ciudad: \_\_\_\_\_

State/Estado: \_\_\_\_\_

Zip/Código: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature/ Firma Del Empleado

\_\_\_\_\_  
Date/Fecha