

EMPLOYEE'S PRE-DESIGNATION OF PERSONAL PHYSICIAN

TO: UCI - Human Resources
Workers' Compensation Unit
1000 Berkeley Place
Irvine, CA 92697-4600

FROM: _____
Employee Name (please print)

EMPLOYEE ID# _____ **SOCIAL SECURITY#** _____

You can be treated immediately by a personal doctor if you give your employer the name and address of a medical doctor (M.D.) or a doctor of osteopathy (D.O.) in writing prior to the injury or illness. This is called "predesignating a personal physician". If you give your employer the name and address of a chiropractor or acupuncturist in writing prior to the injury or illness, your claims administrator may arrange treatment with another doctor, then you may switch to the chiropractor or acupuncturist upon request during the first 30 days after your employer knows of your injury or illness. You can notify your employer by completing the following form and returning it to your employer.

This letter serves as notification that if, during the course of my employment I experience an industrial injury or illness, I hereby request to be treated by my personal physician.

I hereby designate

Name of Personal Physician:

Personal Physician Address and Phone: _____

as my treating physician who has previously directed my treatment and who retains my medical records.

I understand that the filing of this form does not relieve me from my obligation to report my injury or illness immediately to my supervisor and to complete all required reporting forms.

Signed: _____
(Employee Signature)

Dated: _____

