



LIFECHIROPRACTIC

COLLEGE WEST

Physician Pre-Designation Form (Workers' Compensation)

You can be treated immediately by your personal medical doctor (MD) or a Doctor of Osteopathy (DO) if the doctor has treated you in the past, has your medical records, and prior to the injury, the doctor agreed to treat you for work injuries or illnesses and you gave your employer the doctor's name and address in writing.

The above describes "pre-designating a personal physician." If you give your employer the name and address of a personal chiropractor (DC) or acupuncturist (LAC) in writing, prior to the injury or illness, your claims administrator will 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 department

To: Life Chiropractic College West

This is to advise that in the event I am injured in the course of my employment, I wish to be treated by my personal physician/chiropractor.

If I have a work-related injury or illness, I choose to be treated by:

Physician Name: _____ (circle one: MD, DO, DC, LAC)

Physician Street Address: _____

Physician City, State, ZIP: _____

Physician Phone #: _____

"I understand that this physician must be my regular, primary care physician, must have directed my medical treatment in the past, and must maintain my medical records including my medical history. If my personal physician/chiropractor/acupuncturist is not qualified to treat the injury or declines to provide treatment, Life Chiropractic College West will regain initial medical control."

Employee Name: _____

Employee Signature: _____

Date: _____