

## FORM C-42

**Tennessee Bureau of Workers’ Compensation**

**220 French Landing Drive, I-B Nashville, TN 37243-1002**

**EMPLOYEE’S CHOICE OF PHYSICIAN**

**An employer must provide a partially-completed form listing at least three physicians to an employee upon the report of a workplace injury.** The employee must complete and then sign and date the section below that indicates the physician chosen. A copy of the fully-completed form should be provided to the employee with the original kept on file by the employer. If the employee refuses to accept medical services from the chosen physician, the employee’s rights to benefits may be delayed. **NOTE**: Employees traveling more than 15 miles one way to or from medical treatment may seek reimbursement of their travel expenses from the insurance carrier.

# TO BE COMPLETED BY THE EMPLOYER:

Employer Date of Injury

Employer Contact Phone Email

Physician Name Urgent Medical Care (Dr. Michael Richardson) Phone (615) 441-6000

Address 1904 Highway 46 South Suite 3 City Dickson State TN Zip 37055

Physician Name Dickson Medical Associates (Dr. Bryan Doherty) Phone (615) 441-4448 Address 113 Highway 70 E (East Pavilion-walk-in clinic) City Dickson State TN Zip 37027

Physician Name Concentra (Dr. John Shields) / Concentra Telemed Phone (615) 880-2400

Address 342 21st Avenue North City Nashville State TN Zip 37203

# TO BE COMPLETED BY THE EMPLOYEE:

## I have selected the following physician from the list provided to me by my employer:

Physician Name Date Selected

Employee Name Phone

Address City State Zip

Phone Email

Employee Signature Date

LB-0382 (REV 11/15) RDA 10183