

**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

Ear, Nose, and Throat Consultants of East Tennessee (Dr. David Sexton)

Physician Name

Phone 865-546-5477

Address 501 20th St. Ste. 204

City Knoxville

State \_TN

Zip 37916

East Tennessee Ear, Nose, Throat, Allergy, Head & Neck Specialists (Dr. Frederick A. Bunge)

Physician Name

Phone 865-483-2288

Address 800 Oak Ridge Tpke Ste C100 City Oak Ridge

State \_TN

Zip 37830

Ear, Nose, and Throat Consultants of East Tennessee (Dr. Samuel Overholt)

Physician Name

Phone 865-483-2288

Address 9430 Park West Blvd Ste. 330 City Knoxville

State \_TN

Zip 37923

# 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 Appt Date/Time

Address City State Zip

Phone Email

Employee Signature Date

LB-0382 (REV 11/15) RDA 10183