

**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 Tennova Occupational Health (Dr. Keri McFarlane) Phone (865) 647-3272

Address 4711 Centerline Dr., Suite 100 City Knoxville

State \_TN

Zip 37917

Physician Name Urgent Family Care (Dr. Hassan Nadrous) Phone (865) 288-7777

Address 108 Lovell Rd., Suite B

City Knoxville

State \_TN

Zip 37934

Physician Name American Family Care (Dr. Audrey Smith) Phone (865) 299-6192

Address 9203 Kingston Pike

City Knoxville

State \_TN

Zip 37922

# 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

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