

**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 Fast Past Urgent Care Clinic (Dr. Richard Powers) Phone 931-589-3116

Address 119 South Mill Street

City Linden

State \_TN

Zip 37096

Physician Name Physicians Quality Care (Dr. Ann Austin) Phone 731-984-8400

Address 2075 Pleasant Plains Ext. Rd.

City Jackson

State \_TN

Zip 38305

Physician Name Family Care Walk-In (Dr. Misty Allen) Phone 731-660-6915

Address 176 W. University Pkwy, Ste. C City Jackson

State \_TN

Zip 38305

# 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

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