

**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 Dr. Hugh Moore

Phone 901-454-9233

Address 3100 Walnut Grove Rd., Ste. 103 City Memphis

State \_TN

Zip 38111

Physician Name Dr. Neil E. Aronov Phone 901-766-7500

Address 5100 Poplar Ave., Ste. 322

City Memphis

State \_TN

Zip 38137

Physician Name Dr. John Cooper Phone 901-681-0851

Address 5668 S. Rex Rd., Ste. 102

City Memphis

State \_TN

Zip 38119

# 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