

**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 Baptist Minor Med (Monica Griffin, Medical Director) Phone (901) 327-8188

Address 3295 Poplar Avenue #105

City Memphis

State \_TN

Zip 38111

Physician Name Methodist Minor Med (Jeffrey Lowery, Medical Director) Phone (901) 756-6056

Address 8071 Winchester Road

City Memphis

State \_TN

Zip 38125

Physician Name MedPost Urgent Care (Donald Edgerly, Medical Director) Phone (901) 624-6055

Address 1941 S. Germantown Road, Ste. 103 City Germantown

State \_TN

Zip 38138

# 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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