

## 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 CareNow Urgent Care (Dr. Robert Cranfield) Phone 615-410-4099

Address 1340 NW Broad St City Murfreesboro State TN Zip 37129

Physician Name Concentra Urgent Care (Dr. Frank Thomas) Phone 615-895-4855

Address 1203 Memorial Blvd Ste A City Murfreesboro State TN Zip 37129

Physician Name Community Quick Care (Michael Helton) Phone 615-641-2273

Address 2545 Murfreesboro Pike City Nashville State TN Zip 37217

# 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