

## 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 Pace Urgent Care (Dr. Loran Karlosky) Phone 731-926-4222

Address 1805 Wayne Road City Savannah State TN Zip 38372

Physician Name Physicians Urgent Care (Dr. Patrick Tucker) Phone 662-287-7138

Address 2601 Getwell Road City Corinth State MS Zip 388834

Physician Name One Stop Medical (Dr. Matthew Schantz) Phone 931-762-9797

Address 325 Geri St. City Lawrenceburg State TN Zip 38464

# 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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