



California Workers' Compensation Physicians Preference

California law requires all employers to provide a form on which employees may indicate the name of their personal physician or personal chiropractor. This form is provided to new hires either at the time of employment, or by the end of the first pay period.

After completion by employee, return to Sunwest Employer Services.

If I am injured on the job, I wish to be treated by my personal physician or personal chiropractor, who has treated me before and who has my medical or chiropractic treatment records.

Si me lesionara en el trabajo, quisiera que me atienda mi medico personal o mi quiropractico personal: quien me ha atendido antes y tiene mi expediente medico o expediente quiropractico.

EMPLOYEE INFORMATION:

Name/Nombre: _____

YOUR PHYSICIAN'S INFORMATION

Physician Name: _____

Address/Direccion: _____

City/Ciudad: _____ **State/Estado:** _____ **Zip/Codigo:** _____

Phone/Tel: _____

Employee Signature/Firma Del Empleado

Date/Fecha