Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002

FORM C-42

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 Easley Transportation Date of Injury _____

Employer Contact Jerry Browning Phone 901-362-5152 Email jbrowning@easleytrans.com

Physician Name Olive Branch Family Medicine Phone 662-895-4949

Address 9075 Sandridge Ctr. Cv. City Olive Branch State MS Zip 38654

Physician Name Concerta Medical Center Phone 901-365-1800

Address 3965 S Mendenhall Rd. City Memphis State TN Zip 38115

Physician Name Nora Medical Centers Phone 901-620-3900

Address 3965 S Mendenhall Rd. City Memohis State TN Zip 38115

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 _____