



EUGENE BURGER  
MANAGEMENT  
CORPORATION

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## Predesignation of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

- Your employer offers group health coverage;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Prior to the injury you doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing: 1) notice that you want your personal doctor to treat you for a work-related injury or illness, and 2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

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### Notice of Predesignation of Personal Physician

#### Employee (complete this section)

Employee's Name: \_\_\_\_\_

Employee Location: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To: \_\_\_\_\_  
(Name of Employer)

Select one of the boxes below:

☐ I choose to be treated by my employer's elected physician. I **am not** selecting a personal physician.

☐ If I have a work-related injury or illness, I choose to be treated by:

Name of Doctor: \_\_\_\_\_

Doctor's specialty (M.D. or D.O.): \_\_\_\_\_

Doctor's Street Address: \_\_\_\_\_

Doctor's City, State, Zip: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

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**Physician:** I agree to this Predesignation:

(Physician or Designated Employee of Physician Signature)

Date

**Note to Physician or Designated Employee of the Physician:** the physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be predesignated is required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

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Employer will retain completed form in employee's personnel file