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State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

EMPLOYEE'S/VOLUNTEER'S
PRE-DESIGNATION 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.), doctor of osteopathic medicine (D.O.) or medical group if:

- The doctor is your regular physician who is either a physician who has limited his or her practice of medicine to general practice, or 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. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses; ***and***
- Prior to the injury you provided the Department with 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 the Department 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.

EMPLOYEE PRINTED NAME *(First, MI, Last)*	
DIVISION	SECTION/DISTRICT/SECTOR

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

PHYSICIAN'S PRINTED NAME AND TITLE *(M.D. or O.D.)* , OR MEDICAL GROUP	PHONE NO. ( )
STREET ADDRESS	CITY/STATE/ZIP CODE
EMPLOYEE SIGNATURE ✍	DATE

I agree to this predesignation.

PHYSICIAN SIGNATURE OR SIGNATURE OF DESIGNATED EMPLOYEE OF PHYSICIAN/MEDICAL GROUP* ✍ DATE

FOR ADMINISTRATIVE USE ONLY

RECEIVED BY	TITLE	DATE RECEIVED

* The physician is not required to sign this form; however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, Sections 9780.1(a)(3) and 9783.