**Tennessee Bureau of Workers' Compensation**
**220 French Landing Drive, I-B**
**Nashville, Tennessee 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: SONIC Corporation _____ Date of injury: _____

Employer Contact: _____ Phone: _____ Email: _____

**Kelley, Christophe**
*Chiropractors*
7221 Oak Ridge Hwy Ste 100
Knoxville, TN 37931
865-693-5350

**√Emergency Physician Doctors of Jefferson**
*Urgent Care Clinic*
1431 Centerpoint Blvd Ste 100
Knoxville, TN 37932

**Jordan, James Daryl, MD**
*Orthopedic Surgery*
1400 CENTERPOINT BLVD Ste 202
Knoxville, TN 37932
865-374-5200

## 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: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employee Signature: _____ Date: _____

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