



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: _____

Vaughan, Conrad S., DC
Chiropractors
4307 Ball Camp Pike # Bk
Knoxville, TN 37921
865-524-1234

Reat, Jean-Francois P., MD
Orthopedic Surgery
988 Oak Ridge Tpke Ste 100
Knoxville, TN 37901
865-483-8478

Unger, Ryan A., MD
Urgent Care
1400 Dowell Springs Blvd Bldg 1400
Knoxville, TN 37909
865-588-1608

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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