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 Oak Ridge Schools Date of Injury _____

Employer Contact Gayle Jones Phone 865-425-9046 Email jgjones@ortn.edu

Physician Name CMG Healthworks/ Dr. Matthew Martin Hine Phone 865-835-4320

Address 988 Oak Ridge Turnpike, Suite L-50 City Oak Ridge State TN Zip 37830

Physician Name Fast Pace/Jonathan Rey Phone 865-685-0767

Address 441 South Illinois Avenue City Oak Ridge State TN Zip 37830

Physician Name Farragut Family Practice/ Dr. Gerald Russell Phone 865-675-1953

Address 11130 Kingston Pike, Suite 7 City Knoxville State TN Zip 37931

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 _____