Pre-select Phys	ician Form (To be submitted to management)
TO:	*
DATE:	*
SUBJECT:	Selection of physician pursuant to California Labor Code §4600.
	serve to inform you that I hereby select the physician listed below to provide medical ny industrial injury which I may sustain and/or to control referral for specialty treatment expertise.
**	
I will fill in with form and any o	fferent form of notice I request that you provide me with a such form immediately which the name of the same physician I have listed in this memo. I request that a copy of this ther form which you may require with regard to preselection of my workers' treating physician be placed into my personnel file.
Thank you.	
(SIGNATURE)	
(PRINTED NAM	

- * Enter name of employer.
- ** Enter name, address and phone number of preferred physician.