
Employee's Request for Change of Physician

Date _____

Employee _____ SSN _____

To My Employer, _____

You are hereby notified that I am requesting to change my treating physician for my industrial injury to:

Dr. Kai Tiltmann, D.C.
1670 Newhall Street, #109
Santa Clara, CA 95050

I request that one copy of this notice be placed in my personnel file and one copy provided to the company's manager in charge of industrial injuries.

Employee's Signature _____

(Rule 4601 California Labor Code)

"If the employee so requests, the employer shall tender the employee one change of physician. The employee at any time may request that the employer tender this one-time change of physician. Upon request of the employee for a change of physician, the maximum amount of time permitted by law for the employer or insurance carrier to provide the employee an alternative physician or, if requested by the employee, a chiropractor, or an acupuncturist shall be five working days from the date of the request. Notwithstanding the 30-day time period specified in Section 4600, a request for a change of physician pursuant to this section may be made at any time. The employee is entitled, in any serious case, upon request, to the services of a consulting physician, chiropractor, or acupuncturist of his or her choice at the expense of the employer. The treatment shall be at the expense of the employer."

Employee Predesignated Physician

Date _____

Employee _____ SSN _____

To My Employer, _____

This letter serves as notification that if, during the course of my employment I experience a work related injury, I hereby request to be treated by my personal chiropractor.

I hereby designate Dr. Kai Tiltmann, D.C. as my "personal chiropractor" pursuant to Section 4600 and 4601 of the California Labor Code.

Dr. Kai Tiltmann, D.C. is my regular chiropractor who has previously directed my treatment and who retains my chiropractic treatment records (history, physical examination, treatment, etc.)

Employee Signature _____