Cal State Fullerton

Total Wellness
Phone: (657) 278-2824 FAX: (657) 278-1279

Pre-designation of Personal Physician

In the event you sustain in injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), a doctor of osteopathic medicine (D.O.) or a medical group, if:

- Your employer offers group health coverage;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician- gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing:
  (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and
  (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PRE-DESIGNATION OF PERSONAL PHYSICIAN

If you wish to pre-designate your personal physician, this form must be completed and signed by you and your personal physician.

Employee's Name ______________________________ Department ______________________________
Please Type or Print Full Name

EMPLOYEE PERSONAL PHYSICIAN PRE-DESIGNATION

If I sustain an injury or illness while acting within the course and scope of my employment at Cal State Fullerton, I hereby elect to be treated by my personal physician (M.D. or D.O.), named below, from the date of injury.

My personal physician is:

Name ______________________________
Please Type or Print Full Name of Physician

Employee Signature ______________________________ Date ____________________

PERSONAL PHYSICIAN ACCEPTANCE OF EMPLOYEE PRE-DESIGNATION

I agree to be the pre-designated personal physician for ______________________________. I am the regular physician or primary care physician (M.D. or D.O.) and meet the physician pre-designation criteria as outlined above in bold print. I understand that I am expected to comply with Title 8, California Code of Regulations, Section 9785, "Reporting Duties of the Primary Treating Physician".

Physician's Name ______________________________
Please Type or Print and give complete information

Address ______________________________

____

Phone Number (_______)______________________________

Physician Signature ______________________________ Date ____________________

Return this form to: California State University, Fullerton
Total Wellness, CP-700
2600 E. Nutwood Ave., Fullerton, California 92831

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