

NOTICE OF ELECTION OF PRIMARY TREATING PHYSICIAN

To Whom It May Concern:

Please be advised that effective immediately pursuant to Labor Code Section 4600, 4601 and 4603.2, I elect my Primary Treating Physician, Sillect Orthopedic Group for the treatment of injuries enumerated in the Employee Claim for the Worker's Benefits completed on my behalf. The doctor's address is as follows:



3545 SAN DIMAS
BAKERSFIELD, CA 93301

2901 SILLECT AVE. STE 201
BAKERSFIELD, CA 93308

1526 S. MOONEY BLVD.
VISALIA, CA 93277

Date

Applicant Signature

Date

Witness Signature

Pursuant to Labor Code Section 9784 "Duties of the Employer" request is made that you promptly authorize Sillect Orthopedic Group to provide all medical treatment responsibility required for curing or relieving the employee from the effects of the industrial injury. Furthermore, demand is made that you provide all medical information relating to the applicant's claim.