



TEAMSTERS LOCAL NO. 495

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DOCTOR DESIGNATION FORM

Company: _____

From: _____

Subject: Designation of a Personal Physician under Labor Code §4600

I Wish to Designate Dr. _____ **as my personal physician under Labor Code §4600**

Doctors Address: _____

City/State/Zip: _____

Phone Number: () _____

Members Signature: _____

Date: _____

Note: This designation is for the purposes of treatment in the event that I have an injury while in the performance of the duties of my job. This Doctor has previously directed my medical treatment and retains my medical records, including my medical history.