

**EMPLOYEE'S DESIGNATION OF PERSONAL CHIROPRACTOR
(California Labor Code Section 4601)**

Attention: Personnel

To: _____
Employer

From: _____ Employee# _____
Employee

This letter serves as notification that if, during the course of my employment I experience an industrial injury of a musculo-skeletal nature, I hereby request to be treated by my personal chiropractor.

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

Dr. _____, D.C.
is my regular chiropractor who has previously directed my treatment and who retains my chiropractic treatment records, including my chiropractic history.

Signed By _____ Date _____
(Employee)

Received By _____ Date _____
(Employer)

White Copy - Employer Yellow Copy - Employee Pink Copy - Doctor