STATE OF CALIFORNIA
CDCR 912 (Rev. 10/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PHYSICIAN DESIGNATION

California law requires employers to provide a form on which employees may indicate the name of their personal physician or personal chiropractor.

In case of injury on the job or sudden job-related illness, employees are given the option of choosing their own personal physician or accepting the medical services provided through the California Department of Corrections and Rehabilitation.

Please indicate your preference by placing an "X" in the box below and by providing the information requested, if appropriate.

- ☐ I do not wish to designate a personal physician and will accept medical treatment from the Department's designated physician/hospital.
- ☐ I request the services of my personal physician or chiropractor as indicated below, who has treated me before and who has my medical or chiropractic records. Should this change, it is my responsibility to inform my supervisor. (**Note: If you select this option, your physician must sign on the line below.)**

PHYSICIAN'S SIGNATURE	DATE
PHYSICIAN'S NAME (Please Print)	TELEPHONE NUMBER
PHYSICIAN'S STREET ADDRESS	
CITY, STATE, ZIP CODE	
EMPLOYEE'S NAME AND TITLE (Please Print)	LAST 6 DIGITS OF EMPLOYEE'S SSN
EMPLOYEE'S SIGNATURE	DATE

DISTRIBUTION: ORIGINAL - EMPLOYEE'S PERSONNEL FILE / YELLOW - EMPLOYEE