

**JACKSON SPINE ORTHOPEDIC**  
**DIVISION OF WORKERS' COMPENSATION**  
**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**  
 220 French Landing Dr.  
 Nashville, Tennessee 37243-1002



**AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN**

*It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.*

In compliance with the Tennessee Workers' Compensation Law, T.C.A. Section 50-6-204

1. Dr. Alan Pechacek \_\_\_\_\_ 731.422.0213 \_\_\_\_\_  
 Physician's Name Telephone

700 W. Forest Avenue \_\_\_\_\_ Jackson \_\_\_\_\_ TN \_\_\_\_\_ 38301 \_\_\_\_\_  
 Office Address City State Zip

2. Dr. Lowell Stonecipher \_\_\_\_\_ 731.661.9825 \_\_\_\_\_  
 Physician's Name Telephone

24 Physicians Drive \_\_\_\_\_ Jackson \_\_\_\_\_ TN \_\_\_\_\_ 38305 \_\_\_\_\_  
 Office Address City State Zip

3. Dr. Samuel Murrell \_\_\_\_\_ 901.259.1600 \_\_\_\_\_

Physician's Name Telephone  
6286 Briarcrest Ave \_\_\_\_\_ Memphis \_\_\_\_\_ TN \_\_\_\_\_ 38120 \_\_\_\_\_  
 Office Address City State Zip

4. \_\_\_\_\_  
 Physician's Or Chiropractor's Name Telephone

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Office Address City

5. \_\_\_\_\_  
 Physician's Name Telephone

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Office Address City

**According to the provisions of this agreement, I hereby have selected the following physician from the list provided to me by my employer.**

Physician chosen: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Date of selection: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Email

\_\_\_\_\_  
Telephone Email

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Social Security Number