

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. John Brophy** **901.522.7700**
 Physician's Name Telephone
 2802 North Highland Avenue Jackson TN 38305
 Office Address City State Zip
2. **Dr. John Masterson** **615.885.2778**
 Physician's Name Telephone
 569 Skyline Drive, Suite 100 Jackson TN 38301
 Office Address City State Zip
3. **Dr. Kelly D. Pucek** **731.661.9825**
 Physician's Name Telephone
 24 Physicians Drive Jackson TN 38305
 Office Address City State Zip
4. _____
 Physician's Or Chiropractor's Name Telephone
 Office Address City State Zip
5. _____
 Physician's Name Telephone
 Office Address City State Zip

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 selection: _____

Date of injury: _____
Date of appointment: _____

 Employer's Name

 Street Address

 City State Zip

 Telephone Email

 Employer's Signature

 Employee's Name

 Street Address

 City State Zip

 Telephone Email

 Employee's Signature

Employee's Social Security Number