

## Sample Panel of Physicians Form

Section 65.2-603 of the *Virginia Workers' Compensation Act* requires employers to provide a panel of at least three physicians. You must select a physician from this panel to treat your work-related injury.

*If you do not use one of these physicians for your work-related injury, you may be responsible for the cost of medical care and you may jeopardize your entitlement to workers' compensation benefits as outlined in the Act.*

Please select a physician from this panel, complete and sign the form and return it to your supervisor.

Physician #1: \_\_\_\_\_

Physician #2: \_\_\_\_\_

Physician #3: \_\_\_\_\_

I have been presented with a panel of at least three physicians and have selected:

\_\_\_\_\_

to provide me with medical care for my work-related injury.

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

Employee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Employer Name: \_\_\_\_\_