



To:

Insurer/TPA
Address

AUTHORIZATION FOR TRANSFER OF CARE

Employee:
Employee Address:

Employer:
Insurer/TPA:

Date of Injury(ies):
Claim No(s):
WCAB No(s):

Please be advised that the employee named above is requesting a change in treating doctor, pursuant to LC Sec. 4600, CCR Sec. 9784, 9785, and *Ralph's Grocery Co. v WCAB (Lara)*, 1995, 60 CCC 840. Applicant is selecting Dr. John Alchemy as the new treating doctor. Address and phone number listed below.

Pursuant to the Rules and Regulations of the Administrative Director, Sec. 9784, treatment has commenced by the selection of this physician, and you are required to provide the physician and/or facility named above with authorization to treat and arrange for delivery to the physician all medical information relating to the injury within 5 days.

Date:

Employee Signature:

John Alchemy, MD
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