

## **PERSONAL PHYSICIAN PREDESIGNATION**

I am informing you, my employer, that if I am ever injured on the job, my personal physician (and personal health facility which retains my records) is:

The Universal City Medical Group  
3535 Cahuenga Blvd. West, Suite Number 206  
Los Angeles, California 90068  
Phone (323) 436-0303 Fax (323) 436-0306

\_\_\_\_\_  
Employer's Name (Please Print) Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employer Phone

\_\_\_\_\_  
Employer's Address Fax

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

• Employer's Copy • Employee's Copy • Doctor's Copy

Please note I am making this designation under Section 4601 of the California Labor Code