

**EMPLOYEE'S DESIGNATION OF
PERSONAL CHIROPRACTOR**

EMPLOYER NAME: _____

ADDRESS: _____

ATTENTION PERSONNEL DEPARTMENT:

Chiropractor's Name

Address

Telephone Number

This chiropractor has previously directed my musculoskeletal treatment and retains my records, including history. I hereby designate this chiropractor as my "PERSONAL CHIROPRACTOR" under California Labor Code Section 4601.

I have read the above statements and to the best of my knowledge and belief the facts stated are accurate and in full compliance with legal requirements.

Employee's Signature

Date: _____

Authorized Personnel Office Signature

Date Received: _____