

**WORKERS' COMPENSATION COURT
1915 NORTH STILES
OKLAHOMA CITY, OKLAHOMA 73105-4918**

In re Claim of:

Full Name of Claimant (Injured Employee)	
Claimant's Social Security Number	
Name of Employer (Respondent)	FILE NO.
Employer's Insurance Carrier, Permit # for Court Approved Individual Self-Insured or Own Risk Group, Uninsured	Date of Injury

FORM-A ORDER FOR CHANGE OF TREATING PHYSICIAN

NOW on this _____ day of _____, _____, the Workers' Compensation Court, being well and fully advised in the premises, FINDS AND ORDERS AS FOLLOWS:

THAT the claimant is not covered by a Certified Workplace Medical Plan.

THAT the respondent admits claimant sustained a compensable injury arising out of and in the course of employment with respondent on the date above stated to the _____ (state injured body part) .

THAT the claimant's application for change of treating physician pursuant to 85 O.S., Section 14(G) should be, and is, hereby granted.

IT IS THEREFORE ORDERED that Dr. _____ is designated as the claimant's treating physician for treatment of the claimant's _____ (state injured body part).

IT IS FURTHER ORDERED that per 85 O.S., Section 14(A)(1) and 85 O.S., Section 14(B), the designated treating physician shall have the right and responsibility to promptly provide the claimant such medical, surgical or other attendance or treatment, nurse and hospital service, medicine, crutches, apparatus, diagnostic testing and referral as the physician may deem necessary for treatment of the claimant, subject to the limitation in 85 O.S., Section 14(I) on repetition of diagnostic tests within six (6) months from the date of the test unless agreed to by the parties or by this Court. **Respondent is ordered to authorize this treatment within 10 days of the filing date of this order.**

Title 85 O.S., Section 14 requires the designated treating physician to provide the injured employee and the employer with a full examining report of injuries found at the time of examination and proposed treatment, this report to be supplied within seven (7) days after the examination; also, at the conclusion of the treatment the treating physician shall supply a full report of the treatment to the injured employee and the employer.

BY ORDER OF _____
WORKERS' COMPENSATION COURT JUDGE

Upon order of the Court, the Claimant or Claimant's attorney, if represented, shall mail, postage prepaid, by United States regular mail, a copy of this order on this file-stamped date to all attorneys of record, unrepresented parties, and to the named physician.

Signature:	Signature:
Claimant/Counsel Print:	Employer-Respondent/Counsel Print:
Address (Number and Street)	Address (Number and Street)
City State Zip	City State Zip
Treating Physician Name	
Address (Number and Street)	
City State Zip	