

**Ventura County Deputy Sheriffs' Association**

1690 Ventura Boulevard • Camarillo, CA 93010-7850  
Email: vcdsa@vnet.com

Phone: (805) 987-9785  
Fax: (805) 987-1059

**Employer:** County Of Ventura

**Employee:** \_\_\_\_\_  
please print

**PRE-DESIGNATION OF TREATING PHYSICIAN**

Pursuant to Labor Code Section 4600, I designate the following physician as my treating physician for any work-related injuries:

Doctor's Name: \_\_\_\_\_  
please print

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

My physician declares as follows: Pursuant to Labor Code Section 4600, I am the above employee's regular physician and surgeon or primary card physician. I have previously directed the employee's medical treatment and retain his or her medical records, including his or her medical history. I agree to be pre-designated as the employee's treating physician for work-related injuries.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Form rev. 07/04



***-Representing the front-line protectors keeping Ventura County safe-***