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Court of Existing Claims

**COURT OF EXISTING CLAIMS
1915 NORTH STILES, STE 127
OKLAHOMA CITY, OKLAHOMA 73105-4918**

THIS SPACE

In re Claim of:

Full Name of Claimant (Injured Employee)	
Claimant's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX-_____	
Name of Employer (Respondent)	WCC 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 Court of Existing Claims, 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(s)].

THAT the claimant's application for change of treating physician pursuant to 85 O.S., Section 326(E) is proper and 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(s)].

IT IS FURTHER ORDERED that per 85 O.S., Section 326, the designated treating physician shall provide the claimant such medical, diagnostic, surgical or other attendance or treatment, nurse and hospital service, medicine, crutches and apparatus as may be reasonable and necessary after the claimant's compensable injury to the _____ [state injured body part(s)], subject to the diagnostic testing limitation in 85 O.S., Section 326(F) and treatment guidelines of the Work Loss Data Institute's *Official Disability Guidelines* (ODG) or Physician Advisory Committee's Oklahoma Treatment Guidelines (OTG), as applicable.

The respondent shall provide the designated physician with a file-stamped copy of this order.

BY ORDER OF _____
COURT OF EXISTING CLAIMS JUDGE

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