



Employee's Name		Current Treating Doctor's Name and Title	
Mailing Address	County of Residence	Mailing Address	
City State Zip Code	Phone Number	City State Zip Code	Doctor's Phone Number
Date of Birth	Date of Injury	Employer's Name	Employer's Phone Number
Have you returned to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		Employer's Mailing Address	

REQUEST TO CHANGE TO: _____

I agree to serve as treating doctor and to assume all of the responsibilities of a treating doctor under BlackStone requirements and other applicable governing laws and rules

Requesting Treating Doctor's Signature & Date		Professional License Number	
Requested Treating Doctor's Name		Telephone Number	
		Title	
Mailing Address		Title	

REASON TO CHANGE:

If your request is to change treating doctors, please provide the reason(s) for your need to request a new treating doctor:

Request Approved: _____
 BlackStone Authorized Signature and Date
 Request Denied. Reason: _____

Exception (circle one):

- Current Treating Doctor referred you to this doctor
- Current Treating Doctor retired, died, or is no longer contracted with BlackStone