

The Designated Medical Provider for (your organization's name) is:

(Name)
(Address)
(Telephone Number)

The designated medical provider listed above is familiar with our workplace and understands our desire to give our injured employees the best treatment available and return them to work as quickly and as safely as possible.

Employers are allowed to direct the medical care of their employees who sustain workplace injuries. The posting of this document for employees serves as notification to our employees of our organization's selected designated medical provider. This information will be included in employee training.

Date