WORKERS' COMPENSATION AUTHORIZATION TO PHYSICIAN FORM

**DEKALB COUNTY SCHOOL DISTRICT**

1701 MOUNTAIN INDUSTRIAL BLVD, STONE MOUNTAIN, GEORGIA 30083

Email: workerscompensation@dekalbschoolsga.org

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Name of Employee | EID Number | School/Dept. | Phone Number |
| _____ | _____ | _____ | _____ |
| Date of Injury | Type of Injury | Principal/Supervisor | Today's Date |

**Please check the box next to the medical facility you will seek treatment with for your injury.**

Occupational Medicine – No Appointment Needed

□ **Peachtree Immediate Care** 3991 Highway 78
Snellville, GA 30039
Tel: (678) 786-8677 Fax: (678) 694-1787
Hours: Mon – Fri 8:00 am to 8:00 pm (including Sat and Sun)
****Additional Locations Peachtree Immediate Care****
**North Decatur Center**
1829 Lawrenceville Highway, Decatur, GA 30033 Tel: (404) 292-8335
**Decatur Center**
1834 Clairmont Rd, Ste 100, Decatur, GA 30033 Tel: (404) 634-4443

□ **Caduceus USA**
3975 A Lawrenceville Highway
Tucker, GA 30084
Tel: (770) 270-8112 Fax: (770) 270-6841
Hours: Mon-Fri 7:00 am to 7:00 pm. Closed Sat and Sun
24/7 Location
Caduceus USA 1580 Boggs Road, Ste 700
Duluth, GA 30096
(770) 255-0790

Orthopedic Surgeons and Specialists – By Appointment Only

□ **Dr. Christopher Edwards (Neurosurgeon)**
**Atlanta Neurological and Spine Institute**
285 Boulevard N.E., Bldg. A; Suite 345B
Atlanta, Georgia 30312
Tel: (404) 265-6701 Fax: (404) 265-6702
Hours: Mon - Thurs 8:00 am to 5:00 pm
Fri 8:00 am to 4:00 pm.

□ **Dr. F. Daniel Koch**
□ **Dr. Lattisha Billbrew (Hand, Wrist, Elbow and Shoulder)**
□ **Dr. Lawrence Bircoli**
□ **Dr. Shawn Traub (Hip, Knee, and Shoulder)**
**Resurgens Orthopedics**
2712 North Decatur Road
Decatur, GA 30033
Tel: (770) 491-3003
Fax: (770) 491-0729

□ **WMG Orthopedics and Sports Medicine at East Cobb**
**Dr. Eric Steeniage (Orthopedics)**
**Dr. Justin Kunes (Hand)**
**Dr. Joseph Burns (Shoulder)**
1211 Johnson Ferry Road
Marietta, Ga 30068 Tel:
(770)565-0011 Fax: (770)565-9866 Hours: Mon. Tues. Thurs. 8:00am to 5:00pm Wed. and Fri 7:30am to 4:30pm Closed for lunch 12:00pm - 1:30p

□ **Dr. Ashok S. Reddy (Knee/Shoulder)** *Northside, Alpharetta, East Cobb Office
□ **Dr. Steven McCollam (Hand/Arm)** *College Park and Buckhead Office
□ **Dr. Scott Pennington (Arms/Shoulder)** *Northside, Alpharetta, Cumming, East Cobb Office
□ **Dr. John Chao (Ankle and Foot)**
*Northside and Duluth Office
□ **Dr. Ashkan Lahiji (Ankle and Foot,)** *College Park, Buckhead/Piedmont Office
□ **Dr. Anil Thomas (Knee and Hip)** * Northside Office and West Paces Office
□ **Dr. Dominic Carreria (Ankle, Foot and Hip)** * West Paces, East Cobb, and Alpharetta Office
**Peachtree Orthopedic Clinic (Piedmont/Buckhead Office)** 2001 Peachtree Road N.E. Suite 705 Atlanta, Georgia 30309 Tel: (404) 355-0743 Fax: (404) 603-8793 Hours Mon - Fri 8:00 am to 5:00 pm

□ **Eye Physicians and Surgeons PC**
1457 Scott Blvd
Decatur, GA 30030
Tel: (404) 292-2500 Fax: (404) 294-9361
Hours Mon – Fri 8:00 am – 5:00 pm

□ **Dr. Alan Banks DPM (Podiatrist) Village Podiatry** 2295 Parklake Drive NE Suite 150 Atlanta, Georgia 30345 Tel: (770) 938-5974 Fax (770) 939-7393 Hours Mon – Thurs 8:15 am to 5:00 pm Fri 8:00 am – 4:00 pm Closed for lunch 12:00p.m. to 1:00 p.m.

□ **Dr. Keith Raziano**
□ **Dr. Randy Rizor**
**The Physicians Spine and Rehabilitation Specialists of Georgia PC**
5730 Glenridge Drive Suite 100
Sandy Springs, GA 30328 Tel:
(404) 816 – 3000 Fax: (678) 904-5797 Hours: Mon - Thurs 8:00 am to 4:30 pm Fri 8:00 am to 11:30 am

□ **Dr. Thomas L. Dopson (spine)**
**Resurgens Orthopedics**
5671 Peachtree Dunwoody Road Suite 900
Atlanta, GA 30342
Tel: 404-531-8484 Fax: 404-531-8495
Hours: Mon – Fri 8:00 am to 5:00 pm

WORKERS' COMPENSATION AUTHORIZATION TO PHYSICIAN FORM
DEKALB COUNTY SCHOOL DISTRICT
1701 MOUNTAIN INDUSTRIAL BLVD, STONE MOUNTAIN, GEORGIA 30083
Email:workerscompensation@dekalbschoolsga.org

I, _____, selected the following authorized medical provider for treatment:
Insert Employee's Name Here (Print)

_____.

Insert Medical Provider's Name Here (Print)

I understand that if I am unsatisfied with this medical provider, I may choose another medical provider from my employer's workers' compensation posted panel of physicians (as shown on page 1). I also understand that I, the employee, will be responsible for payment of unauthorized medical treatment. Also, I understand that I can make one change, but if I make a subsequent change or choose a provider not listed on the panel, I am responsible for the cost for the medical treatment rendered by that provider. In addition, I understand that the selection of another medical provider, or a request for additional medical treatment, should be made within one year of the last date of treatment, in situations where no wage benefits have been paid nor compensability has been established. I acknowledge that my ability to change physicians or receive care may be impacted if the selection or request is not made within a year.

_____ _____
Employee's Signature Date

TO BE COMPLETED BY AN AUTHORIZED PHYSICIAN SELECTED BY THE EMPLOYEE

The above-named employee reported to me on the following date: _____.

The Employee was treated for: _____.
Insert Diagnosis Here (Print)

The Employee was instructed to:

1. □ Return to work with no restrictions; or

2. □ Refrain from work until_____;

3. □ Return to work immediately with the following restrictions: _____
_____
_____.

4. Employee can return for treatment on the following date: _____.

5. Employee has been referred to _____.

Please check the appropriate box below:

□ Physical Therapy: Contact One Call Physical Therapy 866-389-0211 (toll-free).
□ Dentist: Contact Claims Office Dentist appointment: 678-676-0405
□ MRI/CT Scan contact One Call Medical 800-872-2875.
□ EMG exams are to be referred to Dr. Barry McCasland (404) 531-0334.
□ Prescriptions/Medical Equipment contact, Carlisle Medical, 1-800-553-1783

_____ _____
SIGNATURE OF PHYSICIAN DATE

**[Please email this COMPLETED form to workerscompensation@dekalbschoolsga.org]**