



Applying County School District

[249 Blackshear Hwy Baxley, GA 31513](#)

Phone: (912) 367-8600 Fax: (912) 367-1011

INJURED EMPLOYEE ACKNOWLEDGEMENT OF THE PANEL OF PHYSICIANS

I, _____ understand the function of the Panel of Physicians and was given appropriate assistance in contracting the Panel of Physicians of my choice. I choose Dr. _____ as my authorized treating physician.

Employee Name (Print)

Employee Signature

Date