Fill in *all blanks* & send to Central Office immediately

## **Butts County Schools** Report of Employee Accident

For Central Office				
Use Only				
Emp. Date:				
Daily Rate:				

Full Name:	Address:		Zip Code:
	City/State		
Phone Number:	Date of Birth:	Social Security Numb	er:
School:			
Time Workday Begins:	a.m. p.m. (circle one)	Hours worked per day	r:
Date of Accident:	Time of Accident	a.m. p.m. (circle one	)
Description of Accident ( <i>include</i>	which body part injured and whether left or	right side):	
Initial Treatment:			
(Employee must present Physicia	a approved Workers' Compensation Physicians Authorization to Treat form to panel physicians Medical Network Card from central of	rsician at time of treatmen	nt and if the physician writes a
Hospital (if applicable):			
If the employee chooses not to s Treatment form.	eek medical treatment at the time of injur	ry, he/she <u>must</u> complete	the Refusal of Medical
If the employee chooses to seek present to the panel physician a	medical treatment at a later date, he/she at the time of treatment.	must obtain a <i>Physicians</i>	Authorization to Treat form to
	orkers' Compensation to cover the cost of nelow. I also understand that if I choose new be responsible for payment.		
Employee Signature:		Date:	
Supervisor's Signature:		Date:	
	Workers' Compensation	Physician Panel	
<b>Dr. Shashi Madan</b> 135 N. Oak St. Jackson, GA 30233 770-775-7675	Aylo 1502 W. Third St., Jackso 30233 678-774-0430	145 Medical Stockbridge, 770-389-8380	<b>opedics &amp; Sports Medicine, P.C</b> Blvd. GA 30281
Family Medical Center	Caduceus Occupational	wieuicille	

1657 North Expressway Griffin GA 30223

Georgia Ophthalmologist

860 W. 3rd St Jackson GA 30233 770-775-1234

770-228-2641

414 Hwy 155 South #15 McDonough GA 30253

678-902-0477

**Venture Medical Associates** 

3334 GA 155-S Locust Grove GA 30248

770-305-7929

Piedmont Orthopaedics by OrthoAtlanta

1240 Eagles Landing Parkway

Suite 300

Stockbridge GA. 30281

770-506-4350

10/2022