

THE STATE OF OKLAHOMA
WORKERS' COMPENSATION COURT OF EXISTING CLAIMS
**CHANGE OF CONTINUING MEDICAL
MAINTENANCE DOCTOR / NCM - ORDER SHEET**

DATE: _____

CEC#: _____

SSN: XXX-X____-_____

CLAIMANT: _____

EMPLOYER: _____

INS. CARRIER: _____

ORDER: (REASON FOR SUBSTITUTION)

THE PARTIES ARE IN AGREEMENT AND ARE SUBSTITUTING DOCTOR / NURSE CASE MGR **(CIRCLE ONE)** _____ FOR

(NEW DOCTOR/NURSE CASE MGR)

(CURRENT OR PAST)

FOR THE FOLLOWING REASON(S):

CEC JUDGE'S SIGNATURE

CLAIMANT'S ATTORNEY: **(PRINT)** _____

SIGNATURE: _____

RESPONDENT'S ATTORNEY: **(PRINT)** _____

SIGNATURE: _____