



# PLATINUM REHABILITATION GROUP

## NOMINATION FORM

I, \_\_\_\_\_ wish to nominate Platinum Rehabilitation Group (SIRA Workplace Provider Number #846) as my preferred rehabilitation provider to assist with my recovery. I seek to nominate Platinum Rehabilitation Group as I feel they will positively assist with my return to work, and injury progress.

### CLAIM DETAILS

WORKER NAME	
PHONE NUMBER	
CLAIM NUMBER	
NOMINATED TREATING DOCTOR	

### INSURER DETAILS

INSURER	
CASE MANAGER	
PHONE NUMBER	
E-MAIL ADDRESS	

### WORKER AUTHORITY

SIGNATURE	
DATE	