

Attention: Attending Provider

DATE _____

TO	FROM
PROVIDER	EMPLOYER NAME
ATTENTION	CONTACT NAME
FAX NUMBER	FAX NUMBER FROM
DATE OF INJURY	TIME OF INJURY
WORKER'S NAME	RE: Light/Modified Duty Job Offer

GREETINGS: _____

YOUR PATIENT _____

DATE OF BIRTH _____

DATE OF INJURY _____

The patient referenced above is an employee of _____. We have a light duty/modified job offer available immediately. Please review the job description included in this fax and indicate your approval or any modifications necessary to perform the duties outlined and return it to us as soon as possible. Please note the duration that you expect the restrictions to last. It is our desire to aid in our employee's recovery and return to work. ~Thank you very much for your time and assistance in this matter.

Please Contact: _____ with questions.

CONFIDENTIAL

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