

Modified Duty ~ Return to Work

Attending Physician's/Provider's Letter

Date: _____

Patient/Claimant Name: _____

Claim Number: _____

Date of Injury: _____

Dear Dr. _____:

We have an immediate job offer for your patient who is an employee of _____. Please see the attached light duty/modified job description for your approval or modification. If possible, we intend to work to accommodate any restrictions you feel necessary to aid in their recovery.

Please indicate if full time or restricted hours are necessary until a full release can be made. It is our desire to make the offer as soon as possible; an immediate response would be very much appreciated. Our fax number: _____.

We know that helping an injured worker back to work is a win-win, and at each appointment we would appreciate reassessing his ability to work. Also we would like to be informed when a full release from restrictions is applicable. We ask if you have any concerns that we would welcome your phone call for the betterment of our employee and your patient. Our contact:

_____ at _____

Sincerely,

Name

or Digital Signature

See Attachments