

Letter to Physician for Return to Transitional Duty



General Information

Physician's Name:

Today's Date:

Physician's Address:

Re: _____

Dear: _____

_____ is committed to enabling our injured employees to return to employment as quickly and safely as possible. _____ was injured on _____. He/she is aware of our desire to return him/her to the workplace.

We have established a return to work program. We are now providing you with two job descriptions and a return to work recommendation form. The first job description is _____ regular job so you can make an informed decision about his/her ability to return to work safely. We will modify the regular job if feasible, such as reduced hours, temporary changes in duty, or reasonable ergonomic accommodations.

If _____ is unable to return to his/her regular job _____ will make every effort to return him/her to transitional work which would fit his/her current work abilities as outlined by the medical restrictions. If necessary, we could tailor work schedules around related medical appointments. This is the second job description, with the required physical demands, that may be appropriate for _____.

Please assist us by reviewing the attached job description and providing your recommendations on the attached return to work form. We would also like updated comments on his/her progress following each office visit.

Ultimately, it is the goal of _____ to work in partnership with you and your office. We believe our shared goal is for _____ to return to the highest level of productive employment possible. We look forward to working with you. If you have any questions about this process, or need additional information, please contact us at _____.

Sincerely,

