

Sample Letter To Attending Physician for Return to Work

Date

Dr. (Attending Physician's name), address

RE: Your patient John W. Doe Date of Injury:

This employee has claimed an on-the-job injury or work-related illness. We are eager to work with you in restoring this patient to productive employment. Since you are named as the treating physician, we need your advice on how we can best assist this patient in re-joining the workforce in some capacity. Please let us know the current status by completing the enclosed Form CA-20, Physician's Report. Please return the completed CA-20 form to:

(Name of Compensation Specialist)

Address, City, State, Zip Fax number E-mail address

If preferred, a medical narrative may be substituted for the CA-20 form. The narrative should contain the diagnosis, treatment plan, prognosis for recovery, and an explanation of the relationship of the illness or injury to employment, if any.

Attached is a copy of the employee's current position description. If you feel the employee cannot immediately return to these duties, please note the following:

We are able to provide light duty or sedentary work for employees who are unable to return to their regular duties. This light duty will be in accordance with your written recommendations and can be as light as answering telephones 2 hours a day. In view of this policy, we would appreciate your response as to what light duty this employee can perform. We make every effort to accommodate work restrictions, including offering a handicapped parking place. If you feel the employee cannot perform any type of work, please send us a prognosis of when return to work may be possible in either a limited or full capacity.

If there are any questions, please call me at (XXX) XXX-XXXX. We appreciate your teamwork and look forward to your reply.

Your name/signature

Compensation Specialist, (name of installation)