

NOTICE TO PHYSICIAN:

(COMPANY NAME) maintains a Transitional Return to Work Program (TRTW). When one of our employee's sustains an injury, our TRTW program's objective is to return the employee back to gainful employment in a seamless and efficient manner. The program provides valued work for the injured worker and enhances the injured employee's self confidence and well being. The program is also financially beneficial to the company, and in some instances the work provides the company good will with the community.

PLEASE ADDRESS THE FOLLOWING AT EACH EXAM:

1. List any restrictions currently placed on our employee, _____, so we may coordinate a return to

<p>Restrictions:</p> <p>_____</p> <p>_____</p> <p>These restrictions are effective:</p> <p>From: _____ TO: _____</p> <p>The employee is projected to be ready for Regular Duty on: ____/____/____.</p> <p>Doctor's Signature: _____</p> <p>Date: _____</p>

work.

2. Please FAX a COPY of this UPDATED Form to **xxx-xxx-xxx** after each exam. Please contact us with any questions at **xxx-xxx-xxxx**.

Received by: _____
Employee Signature *Date*

THANK YOU FOR YOUR ASSISTANCE.