# MEDICAL PROVIDER LETTER

Date

Physicians name
Address
City, State, Zip

RE: Injured Employee:
Date of Injury:
Employer:

Dear **[INSERT PHYSICIANS NAME]:**

We appreciate your prompt treatment of our employee. We have an early Return to Work Policy. In an effort to return our employee to work we would like you to complete the attached "Return-to-Work Evaluation". We can provide modified duty from the sedentary range up to modifications of the employee's regular position.

Once we have reviewed the completed Early Return-to-Work Evaluation, we will provide a job description that is within the employee's physical capacities for your review. We will then make a job offer to our employee.

We appreciate your concern for our employee and look forward to your response. Feel free to contact us if additional information is needed.

Sincerely,

Insert Name
Insert Title
Insert Telephone Number