

# SAMPLE Letter to Treating Doctor

(Company Letterhead)

Date of letter

Doctor's name

Address

Subject: (Employee's name and date of injury)

Dear Dr. \_\_\_\_\_:

Our company has implemented a Return-to-Work Program designed to return any injured employee to medically appropriate work as soon as possible.

Enclosed is a detailed job analysis/description for the regular job of the employee named above, which may be modified, if possible, to meet medical restrictions that may be assigned. If our employee is unable to return to his or her regular job, we will attempt to find an appropriate alternate work assignment. We will ensure that any assignment meets all medical requirements. We will consider re-arranging work schedules around medical appointments if necessary.

If you need additional information about a possible work assignment or about our Return-to-Work Program, please call **(company contact name and number)**. Our insurance carrier is **(name and address of insurance carrier)**.

Thank you for your participation in our efforts to return our employees to a safe and productive workplace.

Sincerely,

***(Signature of company representative or owner)***

***(Title, Name of Company)***

Enclosure(s): Employee Job Analysis Form

Return to Work Capacity Form

Transitional Job Duty Analysis Form