

(Physician of record)  
(Address)

Regarding: (IW name)  
Claim #

Dr. \_\_\_\_\_,

(Company Name) is offering a Transitional Work Program that may include physical or occupational therapy to our employees who have sustained a work related injury or illness. The purpose of the program is to offer temporary work assignment at full pay until our worker is able to return to his/her regular job duties. It is being offered to protect the employability of our workers. Your assistance is essential.

Enclosed is the following:

A MEDCO 14 for your completion and signature.

The physical restrictions you establish may be used by our company and if needed a licensed therapist to develop temporary modified job duties which your patient can do within his/her work capabilities and without working beyond the established physical restrictions. These job duties will assist your patient in building strength and endurance to return to his/her regular job. We are happy to send the worker's job analysis or a list of temporary transitional work duties at your request. If you desire, a therapist can provide on-site therapy services to your patient as well.

Sincerely,

Transitional Work Coordinator