

<Company Address>

<Date>

Dear Dr.

To aid in the early and successful rehabilitation of your patient, we would like to inform you that (Company Name) has transitional work available for our employees with an occupational injury or illness. We will provide our employee with transitional duties with your guidelines and restrictions. The purpose of the program is to offer temporary work assignments at full pay until your patient is able to return to his/her regular job duties. It is being offered to protect the employability of your patient. Your assistance is essential.

Our company has provided you with an *Injury Packet*.

Please complete the following form:

1. A medical release form signed and dated. The anticipated length for the transitional work program is approximately 60 days.
2. A physical capacities form for your completion and signature. The physical restrictions you recommend will be used to develop temporary job duties, which your patient can do within their capabilities. If you desire, a therapist may assist and supervise your patient at our work site while building strength and endurance to return to his/her job duties. The work tasks may be adjusted based on your patient's progress at any time.

Sincerely,

<TW Coordinator>