**FIRST LETTER TO TREATING PHYSICIAN**

(DATE)

(Treating Doctor’s Name)

(Address)

Re: (Insert Employee Name and Date of Injury)

Dear Dr. (Name):

Thank you for your prompt treatment of our employee, (NAME). We want you to know that (AGENCY NAME) has a well-developed return-to-work policy. We can provide a variety of modified/transitional tasks while our employee is recovering from a work related injury. (Employee name) will continue to receive the same wage and benefits while working in this temporary modified/transitional assignment.

(option. 1) We would appreciate your assistance by completing the enclosed *Release to Return to Work* form, which will help us identify appropriate job tasks.

(option. 2) We would appreciate your assistance by completing the enclosed *Release to Return to Work* form and reviewing the attached (*modified/transitional job description*/*job analysis*) for your approval.

(option. 3) We would appreciate your assistance by reviewing the attached (*modified/transitional job description/job analysis*) for your approval.

With regular updates, our agency is usually able to continue early return to work temporary assignments while our employee progresses toward return to their regular job.

If you have any questions, feel free to contact me at the number below.

Sincerely,

(Insert your name, title, phone, and fax number)

Enclosure