**Sample Letter to Treating Physician**

**Requesting Work Ability Form**

*Send USPS priority with delivery confirmation*

***Date***

***Physician Name***

***Physician Address***

***Physician City, State, Zip***

Re: ***Claimant Name/Claim Number***

Dear ***Physician Name***,

You are treating our employee, ***Claimant Name***, for an injury occurring as a result of an on-the-job incident. We have a transitional duty program and will design a special assignment while our employee is recovering from this injury. In order to design a suitable work program, we need to know the employee’s physical work capacity and restrictions. Please complete the enclosed Work Ability Form. The enclosed brochure designed specifically for our employees’ providers provides some information about our company and our transitional duty program.

As our employee recovers and continues to progress, our employee will give you a Work Ability Form to complete after each visit. We use this information to modify his/her transitional duty assignment until the employee is fully recovered.

If you have any questions or comments regarding our form, our transitional duty program, or the employee’s working conditions, please call me at ***Company Phone Number***. Thank you.

Sincerely,

***Name***

Injury Coordinator

Enclosures: Work Ability Form

 Medical Provider Brochure

CC: Employee

 Claims Adjuster