

NCS Form 009
LETTER TO TREATING PHYSICIAN

(Date)

(Treating Physician Name)
(Treating Physician Address)

Dear (Treating Physician):

(Employee's name) is employed by (company's name) as a (job title). He/She was injured on (date of injury). (Company's Name) has implemented a return-to-work program. This program is designed to return an injured employee to the workplace as soon as medically possible.

If (employee name) is unable to return to work in his/her original job, we will make every effort to return him/her to modified duty or an alternative position. We also will ensure that this position meets all medical restrictions you prescribe. Enclosed you will find a copy of the Job Function Evaluation of (employee's) pre-injury job along with a Physician Statement of Physical Capabilities which we ask that you complete so we have better understanding of (employee's name) physical limitations.

Please call me at (304) 204-1500 if you have any questions about our return-to-work program or job description. Thank you in advance for your participation in our efforts to return (employee's name) to a safe and productive workplace.

Sincerely,

Carey Marra
Corporate Safety Director