|  |  |  |
| --- | --- | --- |
| TO | Name:  Company: | Fax Number: |
|  |  |  |
| FROM | Name: | Date: / / |
|  | Job Title: | Phone No.: |
|  | Work Location: | Fax No.: |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| TOPIC: | Re: <insert employee's name & DOB> | Pages to follow: |

Dr

Please find attached a copy of the return to work plan developed for <insert employee's name>.

Please review the return to work plan. If the plan meets with your approval please:

* Sign the return to work plan
* Forward the signed plan to fax number <insert fax number>

If there are any changes or comments about the return to work plan, please let me know so I am able to appropriately amend the plan if required.

Should you wish to discuss <insert name>’s rehabilitation, please do not hesitate to contact me on the above telephone number.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<insert name>

Rehabilitation & Return to Work Coordinator