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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **TOPIC:** | **Re:** <insert employee's name>**D.O.B.: / /**  | Pages to follow:  |

To

Further to our recent conversation, this correspondence confirms approval for you to proceed with a <insert name of service requested> at an estimated cost of . Please provide a written report upon the conclusion of this service. Confirmation of the appointment details are as follows:

**Appointment Date:**  **Appointment Time:**

**Work Location of Injured Employee:**

**Supervisor:**  **Contact No:**

<If required, insert details of the history of the case leading up to this referral here>

To assist with your assessment please find attached:

* Medical authority
* Medical reports
* Position description
* <insert details of other attachments>

<If there are specific questions you wish to be answered by the private provide enter these here>

Please forward the report and subsequent account to me at <Insert address that report should be posted to> in an enveloped marked “PRIVATE & CONFIDENTIAL”

Please note that in accordance with Section 177 of the *Public Service Act 2008* a copy of your report may be made available to <insert employee's name> unless it is indicated that the release of this information may be detrimental to their health.

Please contact me if you wish to discuss any aspect of this case.

Yours sincerely,

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

<Insert Rehabilitation & RTW Coordinator name>

**Rehabilitation & Return to Work Coordinator**