



SAMPLE LETTER TO PHYSICIAN



(Date)

Dr. (name)

(facility)

(address)

(address)

VIA FACSIMILE (number)

RE: (employee name)

Dear Dr. (Name):

We at SONIC are dedicated to working with you to return (employee) to productive employment at the earliest date. To this end, I wish to assure you that we will attempt to accommodate those temporary medical restrictions which you feel are appropriate. We will work to ensure that (employee name) adheres to the restrictions, limitations, and therapies you deem necessary.

We have identified some possible light duty job functions and have categorized them by restriction. Based on my knowledge of their injury I feel some light duty work may be appropriate. Please review these light duty job functions and return the copy to us with your comments on which of these light duty job functions (employee name) may be able to perform, including the estimated duration of any restrictions placed upon them.

The management of SONIC is committed to working with you to reintroduce (employee name) into our workplace safely. You should feel free to contact me directly if you would like any further information on our Transitional Return to Work program, or the proposed light duty job functions. My telephone number is (number).

Please accept my thanks and those of the management of SONIC.

Very Truly Yours,

Cc: (employee)
(adjuster)
(restaurant manager)