**Light Duty - Sample letter 1**

Place on your letterhead

To: Physician of record

Attach: BWC MEDCO-14 Physician’s Report of Work Ability form

To: [Physician]

Re: Employee Return-To-Work

 [Employee first name] [Employee last name]

[Claim #]

Date of injury: [Month][Day][Year]

We are the employer in the above referenced workers’ compensation claim. As such, we would like to make you aware that we do have modified/light duty positions available that may provide an opportunity for this injured worker to safely return to work in a light duty/transitional capacity.

If you decide that the injured worker is capable of returning to work with restrictions, please forward a list or description of those restrictions. After we review the restrictions, we will, if appropriate, forward to you a job description for your review.

We look forward to working with you to safely return our employee to work. Should you have any questions, please do not hesitate to contact me at [contact information].

Respectfully,

[name]

[title]

enclosure: BWC MEDCO-14