

To whom it may concern,

Patient \_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_was seen and examined in our office on \_\_\_\_\_\_\_\_\_\_\_. After reviewing/discussing the patients job description and specific tasks. he may return to work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the following instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| ▢The patient may return to work without restrictions |
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| ▢ The patient may return to work with the following restrictions |
| ▢ Lifting greater than 5/10/20 lbs for a period of \_\_\_(days/weeks/ months) |
| ▢ Repetitive arm motion for a period of \_\_\_(days/weeks/ months) |
| ▢ Pushing/pulling greater than 5/10/20 lbs for a period of \_\_\_(days/weeks/ months) |
| ▢ Standing greater than \_\_\_ hours per day for a period of \_\_\_(days/weeks/ months) |
| ▢ Sitting greater than \_\_\_ hours per day for a period of \_\_\_(days/weeks/ months) |
| ▢ Kneeling greater than\_\_\_hours per day for a period of \_\_\_(days/weeks/ months) |
| ▢ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Sincerely, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD ▢ PA ▢ NP