

[Physician's Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

[Date]

[Employer Name/HR Department]
[Company Name]
[Address]
[City, State, Zip Code]

Re: Phased Return to Work Plan for [Patient Name]

To Whom It May Concern,

I am writing to provide a medical update and a structured return-to-work plan for my patient, [Patient Name]. Based on my recent evaluation, [Patient Name] is cleared to resume work duties on a graduated schedule beginning [Start Date].

To ensure a safe and sustainable recovery, I recommend a phased approach with the following modified hours:

Phase 1: [Start Date] to [End Date]

- Maximum [Number] hours per day.
- Maximum [Number] days per week.
- Restrictions: [e.g., No lifting over 10lbs, frequent breaks].

Phase 2: [Start Date] to [End Date]

- Maximum [Number] hours per day.
- Maximum [Number] days per week.
- Restrictions: [e.g., Standard duties with 15-minute rest intervals].

Phase 3: [Expected Date]

- Return to full, unrestricted duties and regular full-time hours.

I will reassess the patient's progress on [Follow-up Appointment Date]. If the patient experiences an increase in symptoms during this transition, the schedule may need to be adjusted accordingly.

Please contact my office at [Phone Number] if you require further clarification regarding these medical recommendations.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[License Number]