[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Functional Capacity Evaluation (FCE) Referral

Dear [Patient Name],

This letter is to formally refer you for a Functional Capacity Evaluation (FCE). This evaluation is a comprehensive series of tests used to objectively measure your current physical abilities and limitations regarding your work tasks and daily activities.

Evaluation Details:

- **Facility Name:** [Clinic/Facility Name]
- **Address:** [Facility Address]
- **Appointment Date:** [Date]
- **Appointment Time:** [Time]

What to Expect:

The evaluation typically lasts between [Number] to [Number] hours. A certified evaluator will assess your strength, endurance, range of motion, and your ability to perform specific tasks such as lifting, carrying, pushing, and pulling.

Instructions for the Appointment:

- Wear comfortable, loose-fitting clothing and athletic shoes.
- Bring a list of your current medications.
- Arrive 15 minutes early to complete any necessary paperwork.
- Perform all tasks to the best of your ability, but inform the evaluator immediately if you experience increased pain.

The results of this evaluation will help us determine the appropriate next steps for your treatment plan and your readiness to return to work. If you need to reschedule, please contact the facility directly at [Phone Number] at least 24 hours in advance.

Sincerely,

[Provider Name/Signature]
[Title/Clinic Name]
[Phone Number]