

Letter to Treating Physician

**University of Texas at Austin
Human Resource Services**

Date: ____/____/____

Physician's - Name: _____

- Address: _____

-Phone/FAX: _____ / _____

Employee's Name: _____

Date of Employment Related Injury or Illness: ____/____/____

Dear Doctor,

Due to an employment related injury or illness we need to have you complete the TWCC-73 Work Status Report for the above named employee. As you complete this form we wanted to make you aware of the fact that The University of Texas at Austin has implemented a return to work program designed to return an injured employee to medically appropriate work as soon as possible.

It may be possible to temporarily modify the employee's position, or temporarily assign modified duties to the employee that are within the limitations under which you authorize the return to work.

We will ensure that any assignment meets all medical restrictions which you stipulate on the TWCC-73 Work Status Report.

If you would find it to be helpful, a copy of the job description for _____
_____ (*employees' name*) is available to you through their supervisor.

Thank you for your participation in our efforts to return _____
(*employees' name*) to a safe and productive workplace.

Sincerely,

University of Texas at Austin
Human Resource Services