[Date of letter]

[Health Professional’s name and address]

Subject: [Worker's name and date of injury]

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_:

JUSTJUNK® understands the importance of keeping injured and ill workers connected to the workplace by avoiding prolonged absences from one’s normal roles, which is detrimental to a person’s mental, physical and social well-being (Canadian Medical Association).

JUSTJUNK® provides a Return to Work (RTW) Program that is designed to meet the individual needs and functional abilities .The program is designed to return them safely to suitable work as soon as possible. This may involve modifying the individuals existing job, temporary alternative work or transitional return to work activities.

Enclosed is a job description/Physical Demands information Form for the regular job of the worker named above. Using the information provided on the Functional Abilities Form, we will develop a return to work plan based on your findings.

We can provide a copy of the return to work plan upon request. We look forward to working together with you. We will review and monitor your patient’s progress throughout the duration of the return to work plan and make any necessary adjustments as required.

We will ensure that any assignment meets all requirements, and will consider re-arranging work schedules around appointments if necessary.

If you require additional information about a possible work assignment or about our RTW program, please call [company contact name and number].

Sincerely,

[Signature and title]