



ATTENDING PHYSICIAN'S REPORT

Claimant Name	Claim Number
Claimant Address and Phone Number	Social Security Number –Last four digits
	Date of Injury
	Examination Date
	Next Appointment
Physician Name, Address and Phone Number	Injury Diagnosis
	Maximum Medical Improvement Achieved?
	Functional Capacity Evaluation Recommended?
	Independent Medical Evaluation Recommended?
May return to work without restrictions on	May return to work with restrictions as stated below from _____ through _____
Temporarily and totally disabled from work from _____ through _____ due to: _____	
If the restrictions cannot be accommodated at work the injured worker should remain off work. Please be specific; do not just state "light duty". The restrictions are:	
Objective Findings	
Subjective Findings	
Treatment Plan (medication prescribed, consultations, diagnostics, physical rehabilitation or surgery recommended)	
Physician Signature	Date



This form is intended to provide the workers' compensation insurance carrier documentation for claims management, including but not limited to payment of wage loss benefits, coordination of return to work and authorization for recommended treatment.

All sections of this form are required fields.

The claimant's name and claim number are critical to direct the document to the correct claim file when it arrives at the workers' compensation insurance carrier's office.

Where a time frame is requested for a temporary total disability period, start and end dates must be specified. Responses such as "Unknown" or "Undetermined" will not result in an appropriate benefit update.

If enough space is not available on this form to describe restricted duty work restrictions please attach an amendment on the form of your choice.

Maximum medical improvement (MMI) means a condition that has become static or stabilized during a period of time sufficient to allow optimal recovery, and one that is unlikely to change in spite of further medical or surgical therapy.

A functional capacity evaluation (FCE) is performed by a medical professional qualified under Rule 20 measures and quantifies the physical abilities essential in performing a specific job and/or objectively defines functional abilities or limitations in the context of safe and productive work.

An independent medical evaluation (IME) is an examination by a qualified physician selected by the insurance carrier to render an opinion as to whether maximum medical improvement has occurred, degree of whole man impairment, if any, present and unmet treatment needs, if any.