



Saskatchewan  
Workers'  
Compensation  
Board

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**PRTW**

Click on any field to start editing.

**Practitioner's Return to Work Report**

WCB Claim # \_\_\_\_\_

Clinic # \_\_\_\_\_ Billing # \_\_\_\_\_ Personal Health # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_  
 Employer Name \_\_\_\_\_

Practitioner's Name, Address, Postal Code

Worker's Name, Address, Postal Code

Clinic Name: \_\_\_\_\_

Memo to: \_\_\_\_\_ (employer/primary practitioner/WCB)

Please forward any requests for changes to the RTW plan to the therapist, who will monitor the worker's progress, evaluate any suggested changes, adjust the RTW plan if required, and forward amendments to all parties. The WCB will also adjust the level of income replacement as the worker's duties and hours of work change.

Return to Work Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**Calendar of Hours and Restrictions**

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
	Hrs							

Restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_

**Calendar of Hours and Restrictions**

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
	Hrs							

Restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_

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		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_

**Calendar of Hours and Restrictions**

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week	Dates							
	Hrs							

Restrictions: \_\_\_\_\_

Comments: \_\_\_\_\_

Practitioner's Signature/Verification: Please print & sign form before mailing/faxing. Date: \_\_\_\_\_

Employer's Signature/Verification: Please print & sign form before mailing/faxing. Date: \_\_\_\_\_

Worker's Signature/Verification: Please print & sign form before mailing/faxing. Date: \_\_\_\_\_