Worker's signature/verification:

PRTWCgvFrm 2023-01-26

200 - 1881 Scarth St Regina SK S4P 4L1 <u>wcbsask.com</u> Click on any field to start editing. Phone: 306.787.4370 Toll free: 1.800.667.7590 Fax: 306.787.4311 Toll free fax: 1.888.844.7773

PRTW

Practitioner's Return to Work report

WCB claim number:

Worker's name:

Clinic name:					Provincial health number:			
			r number:		Date of birth: Phone:			
Phone: Fax:					Employer name:			
Practitioner's name, address, postal code					Worker's name, address, postal code			
RETURN TO WORK INFORMATION 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								
			uties and hours of					
Return to work start date: Anticipated end date:								
Employer cor	ntact name:				Contact phone:			
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Restrictions:								
Comments:								
Calendar of h	ours and	restrictions						
		Sunday	Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday
Week	Dates	- and a second						
	Hrs							
Restrictions:								
_								
Comments:								
Practitionor's	signaturolu	erification:	lease print & sign fo	rm before maili	na/faxina.	Dat		
Employer's signature/verification: Please print & sign form before mailing/faxing. Date:								

When writing to the WCB, please print name and claim or firm number.

Date:

Please print & sign form before mailing/faxing.