

PRTWCgvFrm 2023-01-26

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WCB claim number:

## **Practitioner's Return to Work report**

|  |              |              |                      | •                 | Worker's name:                      |                 |                   |                 |  |
|--|--------------|--------------|----------------------|-------------------|-------------------------------------|-----------------|-------------------|-----------------|--|
| Clinic name:   |              |              |                      | Р                 | Provincial health number:           |                 |                   |                 |  |
| Clinic number: Do  |              |              | Doctor number:       |                   | Date of birth: Phone:               |                 |                   |                 |  |
| Phone: Fax:  |              |              | <sub>E</sub>         | Employer name:    |                                     |                 |                   |                 |  |
| Practitioner's name, address, postal code  |              |              |                      | I                 | Worker's name, address, postal code |                 |                   |                 |  |
|  | ,            | , ,          |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              | RETUR                |                   | INFORMATION                         |                 |                   |                 |  |
| Memo to: (employer/primary practitioner/WCB)   |              |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   | rapist, who will mo                 |                 |                   |                 |  |
|  |              |              |                      |                   | nendments to all pa                 | arties. The WCE | s will also adjus | it 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:                      |                 |                   |                 |  |
|  |              |              | НОІ                  | JRS AND RE        | STRICTIONS                          | Comaci          |                   |                 |  |
| Calendar of h  | ours and     |              | Manday               | Tuesday           | Madagaday                           | Thursday        | Fridov            | Coturdoy        |  |
| Week   | Dates        | Sunday       | Monday               | Tuesday           | Wednesday                           | Thursday        | Friday            | Saturday        |  |
| VVEEK  | Hrs          |              |                      |                   |                                     |                 |                   |                 |  |
| Restrictions:  | 10           |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
| Comments:  |              |              |                      |                   |                                     |                 |                   |                 |  |
| _  |              |              |                      |                   |                                     |                 |                   |                 |  |
| Calendar of h  | ours and     | restrictions |                      |                   |                                     |                 |                   |                 |  |
|  |              | Sunday       | Monday               | Tuesday           | Wednesday                           | Thursday        | Friday            | Saturday        |  |
| Week   | Dates        |              |                      |                   |                                     |                 |                   |                 |  |
|  | Hrs          |              |                      |                   |                                     |                 |                   |                 |  |
| Restrictions:  |              |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
| Comments:  |              |              |                      |                   |                                     |                 |                   |                 |  |
| Calendar of h  | ours and     | rostrictions |                      |                   |                                     |                 |                   |                 |  |
| Calelidai oi li  | ours and     | Sunday       | Monday               | Tuesday           | Wednesday                           | Thursday        | Friday            | Saturday        |  |
| Week   | Dates        |              |                      | , accas,          |                                     | ···aisaay       | 1 1.223           |                 |  |
|  | Hrs          |              |                      |                   |                                     |                 |                   |                 |  |
| Restrictions:  | •            |              |                      |                   |                                     |                 |                   | •               |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
| Comments:  |              |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
| Calendar of h  | ours and     |              |                      |                   |                                     |                 |                   |                 |  |
|  | ·            | Sunday       | Monday               | Tuesday           | Wednesday                           | Thursday        | Friday            | Saturday        |  |
| Week   | Dates<br>Hrs |              |                      |                   |                                     |                 |                   |                 |  |
| Doctrictions   | ПІБ          |              |                      |                   |                                     |                 |                   |                 |  |
| Restrictions: _  |              |              |                      |                   |                                     |                 |                   |                 |  |
| Comments:  |              |              |                      |                   |                                     |                 |                   |                 |  |
|  |              |              |                      |                   |                                     |                 |                   |                 |  |
| <b>.</b>   |              | .e Di        | pase print & pian fo | rm hoforo mailin  | n/faving                            |                 |                   |                 |  |
| Practitioner's s   | -            | omioadom.    | ease print & sign fo |                   | <del>-</del>                        | Dat             | e:                |                 |  |
| Employer's signature/verification:   |              |              |                      |                   |                                     | Date            | e:                |                 |  |
| Worker's signa   | ture/verific | cation: Pl   | ease print & sign fo | rm before mailing | g/faxing.                           | Dat             | e:                |                 |  |

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