



# ATLANTIC CHARTER

INSURANCE COMPANY

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## DOCTOR'S REPORT OF TREATMENT

### I. THIS PORTION TO BE COMPLETED BY EMPLOYER:

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Date of Injury/Illness: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### II. THIS PORTION TO BE COMPLETED BY MEDICAL PROVIDER AND RETURNED TO EMPLOYER.

Medical Provider Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

X-ray: \_\_\_\_\_ P.T. : \_\_\_\_\_ Medication: \_\_\_\_\_

Other: \_\_\_\_\_

### EMPLOYEE WORK STATUS: \*\* ATTENTION MODIFIED DUTY IS AVAILABLE \*\*

Employee can return to regular duty on: (Date) \_\_\_\_\_

Employee can return to work on: (Date) \_\_\_\_\_ with restrictions until: (Date) \_\_\_\_\_

Employee cannot return to work at this time. Projected date for return to work: \_\_\_\_\_

Other: \_\_\_\_\_

#### Please check off applicable boxes

Lifting Limited to:	Carrying Limited to:	Push/Pull Limited to:	Position Limitation:
1-5 lbs.	1-5 lbs.	1-5 lbs.	No Exposure to Vibrating Tools
6-10 lbs.	6-10 lbs.	6-10 lbs.	No Repetitive Finger Motion
11-25 lbs.	11-25 lbs.	11-25 lbs.	No Repetitive Wrist Motion
26-40 lbs.	26-40 lbs.	26-40 lbs.	No Reaching Above Shoulders
41-75 lbs.	41-75 lbs.	41-75 lbs.	No Reaching Below Waist
			Avoid Extremes of Neck
			No Driving

### Next medical appointment:

Physician/Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WHITE-Send to Insurer

YELLOW- File Copy