

Report of Work Ability

See Instructions on Reverse Side



RW01

Please PRINT or TYPE your responses.
Enter dates in MM/DD/YYYY format.

This form must be provided to the employee.
(Minn. Rules 5221.0410, subp. 6)

DO NOT USE THIS SPACE

NOTICE TO EMPLOYEE: YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER OR WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE.

SOCIAL SECURITY NUMBER 468088163	DATE OF INJURY 6-24-08
EMPLOYEE Casey O. Crow	Date of Birth 5-16-86
EMPLOYER Suzanne Rator	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	

Date of most recent examination by this office

7-1-8

(date)

Select the appropriate option(s) below and fill in the applicable dates.

1. Employee is able to work without restrictions as of

7/1/08

(date)

2. Employee is able to work with restrictions, from

(date)

to

(date)

The restrictions are:

3. Employee is unable to work at all, from

(date)

to

(date)

The next scheduled visit is: as needed

OR

(date)

NAME (Type or Print)	SIGNATURE <i>David A. Balt</i>	DEGREE DO
ADDRESS DAVID A BALT, DO PIPESTONE FAMILY CLINIC 920 4TH AVE SW PIPESTONE, MN 56164 507-825-5700 ext 4770 FAX 507-825-4767 DEA-882194075 MN LISC-37593 UPIN-251053	STATE	LICENSE #/REGISTRATION #
CITY NPT - 1457315038	AREA CODE	TELEPHONE #
		DATE SIGNED 7-1-8

PIPESTONE COUNTY MEDICAL CENTER
Pipestone Family Clinic
920 4th Avenue S.W. • Pipestone, MN 56164
507-825-5700

Name Carey Olson Age _____ Date 7/1/08
Address _____

R

As with my car 500 # 4

Sig T 2090

Refill
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DAW

FORM 112107

- DAVID BALT, D.O.
DEA# BB2194075
- LARRY D. CHRISTENSEN, M.D.
DEA# AC7916539
- GREG A. COOPER, M.D.
DEA# AC372084
- K. THEODORE DEVARAJ, M.D.
DEA# AD9747520
- BRUCE W. KOCUREK, D.O.
DEA# BK047477
- MICHAEL L. LASTINE, M.D.
DEA# AL839285
- CINDY A. SASH, PA-C
DEA# MS0437435
- MATT VIEL, M.D.
DEA# BV7948839
- HEIDI THORSON, PA-C
DEA# MT1547833
- MELISSA SCOTTING, CNP
DEA# MS1630703