

# ESSG Medical Referral to Employer

Employee Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize the Health Care Provider who completes this form to release any information to The Suzlon Rotor Corporation which substantiates, clarifies, or elaborates on my fitness for duty.

\_\_\_\_\_  
Employee Signature Date

Medical Provider \_\_\_\_\_ Date / Time of Appt: \_\_\_\_\_

**ALL WORKERS' COMPENSATION MEDICAL EXPENSES** must include the patient name, date of service, and Medical Provider's "Progress Notes" for treatment. Social Security Number is recommended. Mail all claims for payment directly to:

**ESSG**  
7300 Metro Blvd  
Ste. 635  
Edina, MN 55439  
(952)835-1288  
Fx: (952)835-1255

Diagnosis: Contact Dermatitis \_\_\_\_\_ Non-work related  
\_\_\_\_\_ Undetermined

Treatment Plan: Topical cream, avoid certain irritants \_\_\_\_\_ Work related  
**RETURN TO WORK:** \_\_\_\_\_ With No Limitations Date: \_\_\_\_\_

(Suzlon rotor Corp. has an active return-to-work program. Most temporary restrictions can be accommodated. Please call 507-562-6700 if you have any questions regarding light duty jobs.)

TOTALLY DISABLED: (Dates) From: \_\_\_\_\_ To: \_\_\_\_\_

RESTRICTED WORK: Duration of Limitations: 1 week Days/Weeks

Restricted Work Hours: May Work \_\_\_\_\_ hours per day \_\_\_\_\_ hours per week.  
Restricted Lifting: Maximum lift: \_\_\_\_\_ 10lbs \_\_\_\_\_ 20lbs \_\_\_\_\_ 30lbs \_\_\_\_\_ 40lbs \_\_\_\_\_ 50lbs  
Weight limit for repetitive lifting or carrying: (more frequent than 2 times per hour)  
\_\_\_\_\_ 0-5lbs \_\_\_\_\_ 5-10lbs \_\_\_\_\_ 10-20lbs \_\_\_\_\_ 20-30lbs \_\_\_\_\_ 30-40  
Restricted bending: (Limit in degrees) \_\_\_\_\_ Bending frequency (# of times per hour): \_\_\_\_\_  
Restricted use of hand: \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ No Use or \_\_\_\_\_ Limited repetitive grasping, gripping  
Standing/Sitting: Standing (hours per day) \_\_\_\_\_ Sitting (hours per day) \_\_\_\_\_  
Other: \_\_\_\_\_

Next Appt. Date / Time: 3/3/08 Provider's Comments: \_\_\_\_\_

Avoid contact w fiberglass & resin.  
Medical Provider Signature: Ann Wong Date: 2/26/08