



Medical Referral to Employer

Employee Name: Ramon Campos Rea 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:

**Berkley Risk
PO BOX 59143
Minneapolis, MN 55459-0413
(612)766-3000**

Incomplete billings or those mailed directly to Corporate Management Group may result in slow payment processes.

Diagnosis: muscle strain (Digger) _____ Non-work related
back + shoulder _____ Undetermined

Treatment Plan: Mudrol dosage, Ibuprofen, PT 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: 6 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: _____ Provider's Comments: _____

Medical Provider Signature: B. Boush Date: 6/13/05

Please fax back to 507.562.6800 - Attn CMG.