

ESSG Medical Referral to Employer

Employee Name: Shawn Goetsch

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: step wound infection

_____ Non-work related

② arm + ④ R 4th finger

_____ Undetermined

Treatment Plan: Keftex - po

Work related

RETURN TO WORK: With No Limitations

Date: 5/16/08

(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: _____ 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. Ramundo

Date: 5/16/08

Please fax back form to 507.562.6800 - Attn CMG/ESSG