

RETURN TO WORK AUTHORIZATION

PATIENT: Anthony Colbert MEDICAL RECORD# 7712836
 DATE OF INJURY: 7/25/24 CLAIM #: _____
 DIAGNOSIS: Right Ankle pain - gout
 EMPLOYER: _____
 OCCUPATION: _____

RELEASED TO RETURN TO WORK AT ORIGINAL JOB WITHOUT RESTRICTIONS
 Date worker released to return to work _____

RELEASED TO MODIFIED WORK WITH RESTRICTIONS AS INDICATED:
 Date worker released to return to modified work 7/25/24
 No climbing No overhead reaching _____ No squatting
 No prolonged walking or standing No prolonged bending or stooping
 Sitting down work: Only _____ Mainly
 One-handed work: Only _____ Mainly _____
 Weight lifting restrictions: 0-15 pounds _____ 15-35 pounds _____ 35-50 pounds _____
 Estimated time of modified duty: 3 weeks
 Comments: Please allow to work with crm boot
while standing, allow time for elevation

NOT RELEASED TO WORK AT THIS TIME
 Estimated time off duty: _____
 Date worker will be rechecked for modified or regular duty _____

Tinisha Dicks DPM
 Attending Physician

PATIENT NAME & ID #
 403 7-71-28-36 H45956403
 ANTHONY
 CKS DPM, TINISHA LOC: 0331
 255 -BLUE CROSS BS 3:00P
 ER, BRYCE W DOB: 01/18/1991

7/25/24
 Date (month/day/year)

VIRGINIA MASON MEDICAL CENTER – Seattle WA
 Return to Work Authorization

DISTRIBUTION: WHITE: Employee
 GOLD: Medical records

YELLOW: Patient

Barcode

* A D M M I S C *

PINK: C
 VMMC Form 99730 (D)