Assessment Rehabilitation Services Inc.
150 Consumers Road, Suite 500
Toronto, Ontario M2J 1P9
Tel: 416-510-2468 Fax: 416-510-8766
Toll Free 1-877-304-2239
Email info@arsi.ca Web www.arsi.ca

Date

Dr. Name address, telephone and fax number

Dear Dr. ___________,

Mr. / Ms. (Employee name) has informed us that (he/ she) is unable to perform the essential duties of (his/her) job as of (date).

To assist us in facilitating a safe and early return to work, we would appreciate your assistance in completing the attached functional abilities form and returning it to us as soon as possible.

(Company name) is committed to cooperatively working with (employee name), you and other providers to ensure a successful outcome. By completing the attached form you will ensure (employee's name) will receive the necessary care and attention required to ensure an early and safe return to work.

Thank you for your assistance. We will be happy to compensate you (dollar amount) for completion of this form. Please submit an invoice with the completed form.

Sincerely,

Name and title of Employer Representative
(Human Resources Manager, Case Manager)

Copy To:

Employee Supervisor
Occupational Health Dept
Employee file