**DOCTOR/MEDICAL FACILITY**

ADDRESS

**EMPLOYEE**

**EMPLOYEE PRS & NO.**

DEPARTMENT

JOB TITLE

**DATE OF INJURY**

Able to return to **Full Duty** as of

Able to return to **Light Duty** on

**Temporarily Totally Disabled.**

3. Date and time of next appointment

Signed Physician

Phone Number

Send Dr's Report to

City of Burbank Risk Management

Return Completed Form to:

Workers' Compensation Administrator

Facsimile: 818.238.5019

P.O. Box 6459

City of Burbank

Burbank, CA 91510-6459

Management Services Department - Risk Management

MEDICAL SERVICE ORDER

**SUPERVISOR: Fill out in detail:**

DIVISION

Time

Description of Accident [include body part(s)]

**Date Issued**

Hour

Supervisor

Phone

SUPERVISOR MUST KEEP THE WORKERS' COMPENSATION ADMINISTRATOR ADVISED OF ANY CHANGES IN

EMPLOYEE'S CONDITION.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**PHYSICIAN'S SECTION**

**LIGHT DUTY/EARLY RETURN TO WORK PROGRAM**

**Dear Treating Physician:**

The above employee is being referred to you for examination and/or treatment in accordance with Workers'

Compensation laws.

**The City of Burbank has a light duty/early return to work program** designed to help the injured employee

return to his/her work environment, but with lighter duties that coincide with his/her disability.

**Please complete this form and immediately fax it to the City of Burbank**

**Risk Management Department at (818) 238 - 5019 .**

1. The employee is:

a.

b.

.

until

C.

.

2. Describe the Temporary Work Restrictions if any

Date

**Physician** must complete this report at the time the employee is seen.

and return forms to Workers' Compensation Administrator or immediately after first treatment.

**PLEASE READ INSTRUCTIONS ON REVERSE SIDE.**

C650-2 (3/2006)

INSTRUCTIONS

EMPLOYEE:

1.

Have this form signed by the treating doctor after the first treatment.

2.

Request that your doctor fax form to the Workers' Compensation Administrator

in Risk Management IMMEDIATELY after the first treatment.

3.

If the doctor tells you that you must stay off work due to your injury, be sure he

notes that on the form. If he tells you that you may work limited duty, be sure he

fills in on the front of the form EXACTLY what your physical restrictions are.

Every effort will be made by the City to find appropriate limited duty for you.

4.

Be sure to follow the instructions of the doctor fully - 24 hours a day. Keep any

further appointments he makes for you and KEEP YOUR SUPERVISOR informed as

to your treatment and expected date of return to work.

5.

If you are off work on the advice of the treating physician, you will be paid your

regular wages up to a maximum of 6 months (1040 hours).\* Thereafter the State of California disability rates apply.

6.

You will receive reimbursement for medications the doctor has prescribed and

mileage if you drive to and from appointments in your own car. Please tam in all

requests to the Workers' Compensation Administrator with you full name, address

and date of injury along with the original receipt for the prescription.

**IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CALL THE**

**WORKERS' COMPENSATION ADMINISTRATOR**

**IN RISK MANAGEMENT (818) 238-5010**

SUPERVISOR:

1.

Be sure to describe how the accident actually occurred in the section on the front of

this form, and indicate body part(s) injured.

2.

If the employee returns the MSO to you, please make sure to forward it to the Workers' Compensation office. DO NOT KEEP THIS FORM IN YOUR FILE.

3.

If the doctor releases the employee to return to limited duty, please coordinate with

your department and the Workers' Compensation Administrator the type and duration

of limited duty available.

4.

If the doctor places the employee on total disability, please keep in touch with the

employee. When there is a possibility that the employee will be released to either full

or limited duty, provide the employee a Medical Authorization to Return to Work

form.

5.

The employee cannot go back on the job until the Medical Authorization Form is

filled out by the treating physician, approved by the Workers' Compensation

Administrator, and returned to you for your file.

\* Safety members receive Labor Code 4850 benefits.

(3/2006)