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Example content:

Employer details		
	Plan number	**Date**
Return to work (RTW) plan prepared by	**Position**	**Contact number**

[redacted]		
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]

[redacted]		[redacted]	
[redacted]		[redacted]	
Telephone	**Fax**	**Telephone**	**Fax**
Nature of Injury		**Current treatment (include how often attends)**	

Return to work **Medical restrictions affecting the capacity to work**

SAMPLE