



411 North Front Street • Wilmington, North Carolina 28401-3910
Phone (910) 362-7312 • Fax (910) 362-7259 • <http://cfcc.edu>

Letter To Treating Physician – Worker’s Compensation Authorization to Treat

FROM: Cape Fear Community College
411 N. Front Street
Wilmington, NC 28401

Date: _____

_____ is employed by Cape Fear Community College
as a _____ He/she was injured on _____(date.)

ATTN: PLEASE COMPLETE A 9-PANEL DRUG SCREEN AND BAT

Cape Fear Community College has a Return to Work Program that is designed to safely return our injured employees to work as soon as possible.

If _____ is unable to return to work in his/her original position and capacity, we will make every effort to provide modified or alternative work for him/her.

Attached you will find a copy of this employee’s job description, which outlines the employee’s essential job functions.

Also attached you will find a work-related injury/illness/Return-To-Work report. Please fill out this report so we will have a better understanding of this employees work restrictions.

If we are able, we will ensure that any modified or alternative positions meet all of your prescribed medical restrictions. If we are unable to meet those prescribed medical restrictions, we will not return this employee to work until the restrictions change or are lifted and we receive a ‘Full Release-To-Duty’ from you.

Please fax the work-related injury/illness report back to our Human Resources Office at 910-362-7259.

Please contact us if you have any questions at 910-362-7312. We appreciate your participation in our efforts to return our employees to a safe, productive workplace.

Sincerely,

Human Resources
Cape Fear Community College