

**RETURN TO WORK RELEASE FORM**

\_\_\_\_\_  
(Print or type client's/patient's name)

\_\_\_\_\_  
Recovery Specialist

\_\_\_\_\_  
SSN#

\_\_\_\_\_  
LIC #

The above health professional has been under my/our care since \_\_\_\_\_(date).  
He/she is released to return to work in \_\_\_\_\_ as  
\_\_\_\_\_  
(Type of work/profession)  
of \_\_\_\_\_ provided the health professional is compliant with return  
(Date)  
to work guidelines.

Healthcare Provider comments or conditions to release, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name & Credentials of Healthcare Provider

\_\_\_\_\_  
Print Name of Treatment Program/Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
( )  
Phone Number

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

**FOR USE BY RPP STAFF ONLY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
RPP Medical Director

\_\_\_\_\_  
Date