



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
**BI-WEEKLY REPORT ON
PHYSICAL REHABILITATION**

P.O. Box 58
Jefferson City, MO 65102-0058
573-751-4231
labor.mo.gov/DWC

Injury Number:

Employer's or Insurer's No:

Employee:

Selected Facility:

The employee in the Missouri Workers' Compensation case captioned above has been receiving physical rehabilitation in the facility named for the two week period shown below: *(Please fill in dates.)*

List dates employee reported for treatment during the two week period:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List dates of cancellations/no shows, if any, during the two week period:

_____	_____	_____	_____
_____	_____	_____	_____

If employee completed the rehabilitation program during this period, please give the last date attended prior to discharge: _____

Authorized Signature

Title

Phone Number

Please return form to:

Fax: 573-522-1623

Phone: 573-526-3876

**Mail: Attn: Physical Rehabilitation
Missouri Division of Workers' Compensation
P. O. Box 58
Jefferson City, MO 65102-0058**

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711