



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*