



Matthew H. Mead
Governor

State of Wyoming
Department of Workforce Services
DIVISION OF WORKERS' COMPENSATION
1510 East Pershing Boulevard, South Wing
Cheyenne, Wyoming 82002
<http://www.wyomingworkforce.org>



John Cox
Director
John Ysebaert
Deputy Director

Date:

Claimant Name:

Claim Number:

RE: Completion of the Spine Protocol

The above named claimant has completed the Spine Protocol. Please indicate the results:

- Claimant has returned to work at or before 6 weeks. Incentive pay indicated.
- Claimant has required additional diagnostics; i.e. MRI or CT. Incentive pay is **not** indicated.
- Claimant has been in the protocol for 6 weeks and is unable to return to work at this time. Incentive pay is **not** indicated.

Provider: _____
(signature)

Please fax this document along with the latest Assessment/Reassessment documentation to 307-322-4763 or call 307-322-0291 for more information.

