**INJURY MANAGEMENT CASE NOTES**

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| **Worker Name** | | **DOB** | **Contact number** | **IMBP** | **Case Manager** |
|  | |  |  |  |  |
| **Worksite** | **Worksite RTWC** | | **Worksite Contact number** | | **Claim number** |
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| **Date** | **Notes** | **Initials** |
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