

SEX: D.O.B.: MR#:
ADMIT DATE: AGE.:
ATTENDING:

OUT OF WORK / SCHOOL

Date: _____

_____ has been under our care for a medical procedure.
(name of patient)

- This patient:
- Should not work/go to school as of _____
 - May return to work/school as of _____
 - Limitations, if any _____
- _____
- _____

Sincerely, _____

