To Whom It May Concern:

Patient Name: ______________________________________

The above patient was treated in our Emergency Department on ___________.

1. ☐ Can return to work / school

2. ☐ Should remain off duty for ________ days. Can return on ___________.

3. ☐ Should return to Emergency Dept / Clinic on ________ date and remain off duty until that time.

4. ☐ Other Information:

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Physician’s Name                     Date