

# DOCTOR'S NOTE



**DR. DZUNG PHAM**

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PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_

TO: EMPLOYER/ SCHOOL: \_\_\_\_\_

THE ABOVE PATIENT IS UNDER OUR CARE AND:

- MAY RETURN TO
- REGULAR DUTY
- LIGHT DUTY
- MODIFIED DUTY
- SCHOOL ON \_\_\_\_\_
- REQUIRE A MEDICAL LEAVE OF ABSENCE FROM \_\_\_\_\_ TO \_\_\_\_\_
- FIRST SEEN FOR PROBLEM ON \_\_\_\_\_
- IS RESTRICTED FROM \_\_\_\_\_
- RECEIVED TREATMENT AT OUR OFFICE ON \_\_\_\_\_ IN AM/PM.

CONDITIONS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DOCTOR SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE STAMP: \_\_\_\_\_ Date : \_\_\_\_\_