

DOCTOR'S NOTE



DR. DZUNG PHAM

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EMAIL : ivucontact@gmail.com

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 _____

OFFICE STAMP: _____ Date : _____