

WORK/SCHOOL
ABSENCE

OPC
ORTHO 010301
677

MR 1785866-3
HOLLIFIELD, RICK A
PT 40935264 OA-0
M 01/22/65
B94 MDCR PART B
EXP 11/30/00 Patient Identification

This patient was seen in the _____ Clinic on _____
for _____

This patient is able unable to attend work/school for _____ days weeks.

Limitations: *from 3/99 - approx. present pt. unable to work due to disability in L hand. Pt. MDW PAs & able to be rehabilitated via vac. 1/4/01 rehab.*

D253(R1-96)3

Physician Signature

Date