



BAY NEUROLOGY

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RETURN TO WORK/SCHOOL STATEMENT

Date: _____

Patient Name: _____ DOB: _____

To Whom it May Concern:

The above named patient may return to work/school on: _____

Work Status:

- Full Duty
- Light Duty
- No Work

Restricted Activity:

- Yes
- No

Restrictions:

Sincerely,

Khalil Nasrallah, MD
Jordyn Kippe, PA
Ashley Yotkois, NP-C