

McLaren Print System Order

Order No: 79988
Order Date: 2023-10-02
User: Angie Claerhout
Phone: 9896673420

Ship Location: Bay Neurology
4175 N Euclid Ave Suite 12
Bay City, Michigan 48706

Forms

Quantity: 100
Paragon Dept No: 51523
Dept Name: McLaren Bay Neurology
Company Number: 210

Order Total Price: 0.00

Item Number: B-159
Item Description: Return to Work/School Statement
Revision Date: 09/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: SS Black



BAY NEUROLOGY

KHALIL NASRALLAH, MD
JORDYN KIPPE, PA
ASHLEY YOTKOIS, NP-C

4175 N. Euclid Ave., Suite 12
Bay City, MI 48706
Phone (989) 667-3410
Fax (989) 667-3411

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:

Spec Info: Attn; Angie Claerhout Suite 12

Sincerely,

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