

ASSOCIATED EYE CARE, INC.

2702 Navarre Ave.
Suite 205
Oregon, OH 43616
(419) 696-7780
(419) 696-7782 fax

1000 Regency Ct.
Suite 100
Toledo, OH 43623
(419) 882-0588
(419) 885-3070 fax

960 W. Wooster St.
Suite 216
Bowling Green, OH 43402
(419) 352-5500
(419) 352-5577

RETURN TO WORK/SCHOOL FORM

Date: _____ **Patient Name:** _____

The above named patient was seen in our office by the following provider:

K. Charles Raffoul, M.D.	Christina P. Tam, M.D.	James A. Knupp, M.D.
Dino J. Costa, O.D.	John Elchinger, O.D.	

Return Status:

<input type="checkbox"/>	The patient may return to work/school with no restrictions.
<input type="checkbox"/>	The patient cannot return to work/school until _____ (date).
<input type="checkbox"/>	The Patient may return to work/school with the recommended restrictions below:

Recommended Restrictions:

<input type="checkbox"/>	No lifting over _____ pounds	No bending or climbing
<input type="checkbox"/>	No welding	Wear eye patch/shield at all times
<input type="checkbox"/>	Avoid exposure to dirt/dust	No running, swimming or other strenuous activity
<input type="checkbox"/>	No driving	Other: _____

Restriction Duration:

<input type="checkbox"/> Today Only	<input type="checkbox"/> Until Further Notice	<input type="checkbox"/> Until _____ (date)
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Signature of office representative