

# 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 of Service:** \_\_\_\_\_ **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	<input type="checkbox"/>	No bending or climbing
<input type="checkbox"/>	No welding	<input type="checkbox"/>	Wear eye patch/shield at all times
<input type="checkbox"/>	Avoid exposure to dirt/dust	<input type="checkbox"/>	No running, swimming or other strenuous activity
<input type="checkbox"/>	No driving	<input type="checkbox"/>	Other:

### Restriction Duration:

<input type="checkbox"/>	Today Only	<input type="checkbox"/>	Until Further Notice	<input type="checkbox"/>	Until _____ (date)
--------------------------	------------	--------------------------	----------------------	--------------------------	--------------------

\_\_\_\_\_  
Signature of office representative