

Dr. Steven P. Kraskow, D.C., P.A.

5205 E. Kellogg Dr.
Wichita, KS 67218
316-684-0550
316-684-6596 fax

3425 W. Central Ave.
Wichita, KS 67203
316-946-0990
316-943-1139 fax

Patient _____ Date _____

To Whom It May Concern:

The above named patient is under my professional care regarding _____

DISABILITY

Employer _____ Insurance Co. _____

_____ Total Disability from _____ to _____

_____ Partial Disability from _____ to _____

Remarks _____

RETURN TO WORK

Patient is released to light/regular work duties on _____

RESTRICTIONS

- ___ None
- ___ No lifting over _____ pounds
- ___ No prolonged standing or walking
- ___ No prolonged sitting
- ___ No excessive bending or twisting
- ___ No kneeling
- ___ No squatting
- ___ No climbing
- ___ No stooping
- ___ Sit down job only
- ___ No arm overhead work
- ___ No work until rechecked
- ___ Other

PHYSICAL EDUCATION

___ Should be excused from physical education for _____

___ Restrictions are _____

___ No contact sports for _____

Remarks _____
