

Date _____

To Whom It May Concern:

I am recommending and advising that my patient, _____
does / does not, work / return to work as of ____/____/____, until ____/____/____.

The following restrictions apply:

- ____ Injury prevents any work at all.
- ____ Light duty - no lifting over ____ lbs.
- ____ No standing in excess of ____ minutes.
- ____ Normal activity
- ____ other _____

If you should have any questions, please contact Dr. Kraskow at the above office.

Yours In Good Health,

Dr. Steven P. Kraskow, D.C.