



PATEL, DIPESH SARANSUKH (M.D.)

**Patient Name:** Holland,Elizabeth

**Encounter Date:** 1/26/2020

Please see below for this health care provider's directives and information relating to this encounter.

## Work Status Report

**Date onset of condition:**

**Next Appointment Date:**

**Off Work**

This patient is placed off work from 1/26/2020 through 1/29/2020

**Full Duty:**

The patient was evaluated and deemed able to return to work at full capacity on 1/30/2020

This form has been authorized by PATEL, DIPESH SARANSUKH (M.D.)

*This form contains your private health information that you may choose to release to another party, therefore please review for accuracy.*