MD URGENT CARE

1140 Exposition Blvd., Suite 700
Sacramento, CA 95815

Telephone: (916) 333-2542
Fax: (916) 993-8536

DOCTOR'S NOTE:

PATIENT NAME: Lehua Moe DATE: 8/27/23

- Is able to return to (work, school, P.E.) on: _____
- Is not able to return to (work, school, P.E.) until: _____
- Is able to return to light activity/duty on: _____
- Please Excuse (8/26/23) _____ absence.
- Other: _____

Physician's/Providers Signature: _____

Wais Tarrar, MD
MD Urgent Care

POST VISIT INSTRUCTIONS

PATIENT NAME: _____ DATE: _____

- Ice/Elevate _____ days.
- No weight baring
- Keep wound clean and dry for _____ days.
- Rest
- Take medication as directed.
- Consultation on sedation (Do not take pain medication before work, while working, or when driving)

After Care Instructions:

_____

_____

_____

Return to MD Urgent Care, re-check with your PCP, or go to the emergency room if not improved in _____ days or immediately if condition worsens.