Certificate to return to work or school

Mr.

Mrs.

Ms. Logan Thompson

has been under my care from 1/9/24 to 1/9/24

and is able to return to work/school on 1/9/24

Remarks surgery

Dr. _____ Phone _____

Address _____ Date _____

Oral and Maxillofacial Surgery Associates
7200 Halcyon Summit Drive • Montgomery, AL 36117 • (334) 277-3492
620 McQueen Smith Road • Prattville, AL 36066 • (334) 358-0052
103 E. Merrily Drive • Troy, AL 36081 • (888) 277-3492

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