

Date printed: 6/6/2025

Kaiser Permanente Member name: Kayla R Jones

Date of birth: 7/12/1996

MRN: 110009140114



LE, MAI THANH THI (M.D.)
7373 WEST LANE
STOCKTON CA 95210-3377
476-2000X0000

Patient Name: Jones, Kayla R
Encounter Date: 6/6/2025
Auth ID: 32639587689.3

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

Work Status Report

Reason for Off Work: Uncontrolled Symptoms

Full Duty:

The patient was evaluated and deemed able to return to work at full capacity on 6/9/2025.

Off Work

This patient is placed off work from 6/1/2025 through 6/8/2025.

This form has been electronically signed by LE, MAI THANH THI (M.D.)

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

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