



LWIN, PHYU WAI (M.D.)

**Patient Name:** Espadas, Donna

**Encounter Date & Time:** 12/29/2021 4:00 PM

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:**

**Modified Activity (Applies to work and home)**

This patient is placed on modified activity at work and at home from 12/29/2021 through 1/29/2022.

*If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.*

**This patient's activity is modified as follows:**

Allowed to:

- Lift/carry/push/pull no more than 10 pounds.

This form has been electronically signed and authorized by LWIN, PHYU WAI (M.D.)

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