niagarahealth

Extraordinary Caring. Every Person. Every Time.

MEDICAL TREATMENT VERIFICATION

RE:_____

The above patient was seen in our Emergency Department on:_____

Patient is/was advised to:

( ) Return to work/school

( ) Light duties for _____ days

( ) Off work/school for _____ days

( ) Follow-up Family Physician in _____days

_____ M.D. / R.N.

(please sign your name)

_____

(please print your name)