



PAIN & WELLNESS
OF ARIZONA

Attending Doctor's Return to Work & School Recommendation

Name: _____ DOB: _____ Date: _____

- Was seen in our office today _____.
- Is scheduled for surgery on _____.
- Will be out of work or school from _____ to _____.
- May return to work or school without restrictions on _____, or sooner if feels physically able to perform all the assigned duties.
- May return to work or school on _____ with the following restrictions:

_____.

Signed: _____

Provider: _____ MD/DO/PA/NP
(Print name)

LOCATIONS:

Pain & Wellness of Scottsdale 7337 E Thomas Rd, Scottsdale, AZ 85251, 480.360.4444

Pain Associates of Gilbert 610 N Gilbert Rd, Suite 309, Gilbert AZ 85234-4627, 480.926.1111

