

Doctor Note Template

Date: ____ / ____ / ____

Patient Information

Name: _____

City: _____

Date of Birth: ____ / ____ / ____

This note is to confirm that _____ was examined in our office due to back pain and is advised to refrain from work/school from ____ / ____ / ____ to ____ / ____ / ____ . The patient may return on ____ / ____ / ____ with/without restrictions as noted below.

Medical Restrictions

- 1.
- 2.
- 3.
- 4.

Provider Signature: _____

Date: _____

[Name], MD License No: IL-3728395