

b) During what period of time?																					
In your opinion will the patient ever be able to resume any type of work? No <input type="checkbox"/> Yes <input type="checkbox"/>																					
If "Yes", what is the anticipated date of return to work?																					
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DAY			MONTH			YEAR															
PRESENT CONDITION																					
At this date is the patient:																					
Ambulatory <input type="checkbox"/> Bedridden <input type="checkbox"/> Confined to House <input type="checkbox"/> Hospitalized <input type="checkbox"/> Other <input type="checkbox"/> If "Other" please explain:																					
REMARKS																					
PHYSICIAN'S CONSENT																					
Signature of Attending Physician:	Date:																				
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