



4367 S. Archer Ave.
Chicago, IL 60632
Office: 773.376.0665
Fax: 773.376.3109

1111 E. 87th St., #100B
Chicago, IL 60619
Office: 773.731.6212
Fax: 773.731.6273

3055 W. Armitage Ave.
Chicago, IL 60647
Office: 773.772.3004
Fax: 773.938.1839

2310 York St., Suite 3A
Blue Island, IL 60406
Office: 708.388.5720
Fax: 708.388.5730

David Schafer, M.D.
Illinois License #036-112063

Vladimir Kaye, M.D.
Illinois License #036-119181

Claudia M. Johnson, M.D.
Illinois License #036-057668

Krishna Chunduri, M.D.
Illinois License #036-118798

Rizwan Arayan, M.D.
Illinois License #036-112395

Randy Hara, D.C.
Illinois License #038-010670

Mary Beth Dietz, D.C.
Illinois License #C38-008711

Greg Iavarone, D.C.
Illinois License #038-008341

Tina Marie DiGiovanni, D.C.
Illinois License #038-011577

Jamie Harms, P.T.
Illinois License #070-014443

Date 1, 22, 15 Name Maeatrice Cole D.O.B. 7, 27, 50

The above patient is under my care for an injury; currently, their status is:

- Able to return to work at full duties as of ___/___/___ for 1 / 2 / 3 / 4 / 5 / 6 weeks
- Able to return to work with the following restrictions as of ___/___/___ for 1 / 2 / 3 / 4 / 5 / 6 weeks
 - No lifting greater than _____ lbs
 - No overhead work
 - No bending/squatting
 - No forceful grasping/gripping
 - _____
 - _____

Unable to return to work, on total temporary disability for 1 / 2 / 3 / 4 / 5 / 6 weeks Feb 2nd
I will update their status when it changes, please call the office should you need clarification

Signature