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NAME Bridget Williams DATE 11-5-15
ADDRESS _____ AGE _____

R

RETURN TO WORK STATUS EFFECTIVE _____

STRICT ONE HAND _____ CLEAN ENVIRONMENT _____

LIGHT DUTY _____ LBS. LIMIT R HAND _____

_____ LBS. LIMIT L HAND _____

OTHER RESTRICTIONS _____

NO WORK _____ FULL DUTY MMI _____

1-25-16

DO NOT REFILL

MAY SUBSTITUTE

MAY NOT SUBSTITUTE

REFILL _____ TIMES J. Schlenker MD