

EXCUSE SLIP

DR. WILLIAM B. EVANS, M.D.

Phone (708) 481-4200 • Fax (708) 481-3302

4749 Lincoln Mall Dr.
Suite 204
Matteson, IL 60443

3330 W. 177th St
Suite 3E
Hazel Crest, IL 60429


2310 York St
Suite 2A
Blue Island, IL 60406

15614 S. Harlem Ave.
Suite C
Orland Park, IL 60462

DATE 3/3/14

TO WHOM IT MAY CONCERN:

S. McNulty Mon is under my care. He/She

- ☐ was seen in my office today.
- ☒ is released to return to work on 6/30/14
- ☐ is unable to return to work at this time because _____
- _____
- ☐ is able to return to school on _____
- ☐ is/is not able to participate in the Phy. Ed. Program at school
- ☐ is in good physical health.
- ☐ surgery is scheduled for _____ and
Patient may return to work after _____ weeks/days.
- ☐ Restrictions: _____
- ☐ Other: 

Signature

03-04-14P05:18 RCVD

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