

Matthew Tranduc, MD
455 O'Connor Dr., Suite 280
San Jose, CA 95128

Date: _____

Name: _____

Date of Birth: _____

Address: _____

RE: *Return to work/school note*

Dear Sir/Madame:

_____ Please excuse the above patient from any missed work from _____ to _____ .

_____ He /she may resume light-duty and half-time work from _____ to _____ .

_____ He/she may resume school.

_____ He/she should be excused from any rigorous activity or any activity requiring repetitive motion from _____ to _____ .

_____ He/she may resume physical activity as tolerated after _____ .

If there are any questions that we may answer, please contact us at 408-288-9900.

Kind Regards,

Dr. Tranduc