



This form contains your diagnosis.

BUCKERFIELD, CHARLES THOMAS (M.D.)
ORTHOPEDICS
7373 West Lane
Stockton CA 95210-3377
Dept: 209-476-2181
Main: 476-2000X0000

MRN: 110007897964

Patient Name: Anderson, Tiffany K
Encounter Date & Time: 8/3/2011 2:00 PM

Please see below for this health care provider's directives and information relating to this encounter.

School Status Report

Date onset of condition: 6/29/2011
Next Appointment Date:

Unable to Attend School

This patient is unable to attend school from 6/29/2011 through 8/8/2011

Other needs and/or restrictions:

Tiffany missed over a month of school because of medical problems so she was not able to participate in her summer quarter of classes.

This form has been electronically signed and authorized by **BUCKERFIELD, CHARLES THOMAS (M.D.)**

This form contains your private information that you may choose to release to another party, therefore please review for accuracy.