

**AUTHORIZATION FOR ABSENCE**

Date 12-7-07

To whom it may concern:

This is to certify that Tiffany Anderson

is under my care for the following Cervical

Radicalitis/Cervicogenic LBP

In order to avoid aggravation of his/her condition,

I recommend that he/she be excused from: work

12-7-07

until (date) Ø

Remarks: pt treated w/ closed reduction - vertebrae adjusted, myofascial relax., bed rest

[Signature]  
Authorizing doctor

#21 - N  
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