

# DISCHARGE SLIP

To whom it may concern;

This is to certify that

\_\_\_\_\_

has been under my professional care since

\_\_\_\_\_

and will be able to return to ☐ School ☐ Work

on \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DOCTOR'S SIGNATURE

\_\_\_\_\_  
DOCTOR'S ADDRESS