



Auria Medical Clinics, LLC
1800 Tree Lane RD, STE
320, Snellville, GA 30078
www.auriaclinics.com

WORK RELEASE FORM

This notice verifies that your employee _____ was seen in this facility today (or on _____ if checked []). He/she may return to work on _____ with the following restrictions:

- None: []
- No heavy lifting: [] (over _____ pounds)
- No prolonged standing: []
- Desk Work Only: []
- Other: [] (described below)

These restrictions apply through _____. After this date, your employee should be able to participate fully in work duties.

BE ADVISED: If symptoms continue and the employee is unable to perform the full duties of their job by this date, please advise the employee to make an appointment with your worker's comp physician. If that is not possible, the employee should see his or her own doctor or the referral doctor provided by us.

Physician or Nurse

NOTES:
