



PATIENT LABEL

Employee Referral Form for Medical / Dental Consultation

For Department Use

Employee Name	<input type="text"/>	Time released from work	<input type="text"/>	Supervisor Name	<input type="text"/>
Department	<input type="text"/>	Referred to:	<input type="text"/>	Date	<input type="text"/>
Badge No.	<input type="text"/>	<input type="text"/>	Signature	<input type="text"/>	

For Clinic Use

Date	<input type="text"/>	Time arrived	<input type="text"/>	Time seen	<input type="text"/>	Time left clinic	<input type="text"/>
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Physician Recommendations:

Return to work Conditions, if any: _____

Sick leave for 1 2 3 (in words) _____ day(s)

Referred to: _____

Physician Name	<input type="text"/>	Badge No.	<input type="text"/>	Signature	<input type="text"/>
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Note:

This form after approval of the attending physician is valid for sick leave up to 3 days. For 4 or more days, use the official sick leave Report form.

Comments

Signature _____

(Supervisor / Department Head)

Date