INSERT DR'S LAST NAME, FIRST NAME, **MD, DDS** INSERT DR'S ADDRESS AND SUITE # INSERT CITY,STATE AND ZIP CODE

(555) 555-5555 **PHONE** (555) 555-5555 **FAX**

Certificate of Medical Consultation: 

 was under my care on he/she will be able to return to How To Wiki

work/school on--------

Physician's Comments:

Rx -------------

INSERT DR'S LAST NAME, FIRST NAME **MD, DDS**