

FRANK A. PETRIGLIANO, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY
310.319.1234 APPT
310.825.2126 OFFICE
310.825.1311 FAX



PATIENT STICKER

Date: _____

To Whom It May Concern:

_____ is under my care. He / She

- was seen in my office today.
- is released to return to work : Light duty / Full duty on _____.
- is unable to return to work at this time because _____
_____.
- is able to return to school on _____.
- is unable to participate in the physical education program at school because _____
_____.
- is able to participate in the physical education program at school.
- Surgery is scheduled for _____ and patient may return to
work / school after _____ weeks.
- Restrictions : _____
_____.
- Other : _____
_____.

Sincerely,

Frank A. Petrigliano, MD
Attending Orthopaedic Surgeon