

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
_____)
Plaintiff,)
vs.)
_____)
Defendant.)

IN THE FAMILY COURT
____JUDICIAL CIRCUIT

PHYSICIAN'S REPORT

Docket No. _____

The undersigned:

(Print Name Here)

Doctor Nurse Nurse Practitioner Physician's Assistant Other _____

Affirms that:

1. Patient's Name: _____ DOB _____

SSN _____ (last 4 digits)

2. The patient is being treated for (basic diagnosis):

_____.

3. Date treatment began for this particular injury/disabling condition: _____.

4. Patient is able to work in his/her usual occupation.
 not able to work in his/her usual occupation.
 can work in a limited capacity as described below in Item 8.
 released from care.
 not now and has never been our patient.

5. Patient is permanently and totally disabled. temporarily disabled.
 partially and permanently disabled. partially and temporarily disabled.
 other: _____

6. Present prognosis is that patient will be released to return to work on (/ /)

7. Patient is scheduled to be seen again on (/ /) and/or has surgery or other treatment scheduled for (/ /) for _____.

8. Comments: _____

Signed: _____ Date: _____

Address: _____ Phone: _____

This document is HIPAA compliant by consent of the individual named above.