URGENT CARE OF MOUNTAIN VIEW, PLLC

Phone: 828-330-2103

RETURN TO SCHOOL / WORK FORM
Urgent Care of Mountain View

Patient Name: _____

Date of Visit: ____ / ____ / _____

This is to certify that the above-named patient was seen at **Urgent Care of Mountain View** on the date listed and may return to:

☐ School ☐ Work

on ____ / ____ / _____.

Restrictions:
☐ No ☐ Yes – If yes, please specify below:

Provider Signature: _____

Date: ____ / ____ / _____