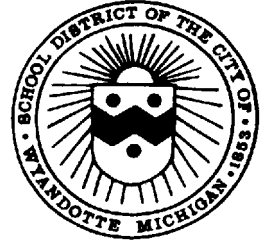


Brighton Skills Center

4460 18th Street • Wyandotte, Michigan 48192 • (734) 759-6300 • (734) 759-6319 Fax



PHYSICIAN'S REPORT

I have examined _____ and submit the following information:

1. Diagnosis:

2. Treatment:

(Complete the attached medication authorization/treatment form if given at school)

3. Recommendations:

4. Restrictions:

5. Date of next visit:

6. Date to return to school:

Physician's Signature _____ Date _____

Physician's Name Printed _____

Address _____

Phone Number _____

Should you have any questions or concerns please don't hesitate to contact the school nurse Laura Shonk RN at 734-759-6336.