



Name: _____

Student ID: _____

Date of treatment: _____

The above referenced patient:

_____ is able to return to school without restriction.

_____ is excused from school through _____.

Thank you,

The School-Based Telehealth team of providers

Mary Gremp, NP, Kristianna Cooper, NP, Ken Dakin, PA and Melanie Bitzer, NP

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