

**Andrew D. Hewchuck, D.P.M.  
310 West Line Street  
Bishop, CA 93514  
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**NOTICE OF PATIENT RELEASE / RETURN**

**This certifies that \_\_\_\_\_**

**\_\_\_\_\_ is under my care and should be released from work school from**

**\_\_\_\_\_ to \_\_\_\_\_.**

**\_\_\_\_\_ has been under my care and is now able to return to work school as of**

**\_\_\_\_\_.**

**Comments/ Restrictions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed: \_\_\_\_\_**

**Date: \_\_\_\_\_**