



### Forms- Instructions

Please drop off or fax forms to Dr. Wong's office at the address above, or email at [info@drivanwong.com](mailto:info@drivanwong.com). This sheet is required to be attached to all forms, or requested letters.

- I agree to pay a completion fee of \$30.00 for the requested form/letter.
- I understand that the requested form/letter can take a minimum of 3 weeks to be completed.

### Questions to be answered:

1. **Name:** \_\_\_\_\_
2. **I need (circle one):**    **Work Note Only**    **Form Completed**    **Form & Note**
3. **Regarding: (eg. left hip, right shoulder, left knee surgery):**  
\_\_\_\_\_
4. **Date of most recent appointment (Year/Month/Day):** \_\_\_\_\_  
**Date of surgery if applicable (Year/Month/Day):** \_\_\_\_\_
5. **What do you need the note/form to indicate:**  
  
\_\_\_\_\_ I will be **OFF WORK** starting \_\_\_\_\_ for \_\_\_\_\_ weeks/months.  
  
\_\_\_\_\_ I require **MODIFIED DUTIES** starting \_\_\_\_\_ for \_\_\_\_\_ weeks/months. **Details:** \_\_\_\_\_  
  
\_\_\_\_\_ I am ready to return to **REGULAR WORK DUTIES** starting on \_\_\_\_\_.
6. **Duties required at work and occupation:** \_\_\_\_\_  
\_\_\_\_\_
7. **Any additional details:**  
\_\_\_\_\_  
\_\_\_\_\_
8. **Please provide your email so we can contact you once the form is ready:**  
\_\_\_\_\_