



HealthEast Roselawn Clinic
1983 Sloan Place, Suite 1.
St. Paul, MN 55117
651/326-5700

Family Medicine / Certified Nurse Midwives

Michael D. Hooley, MD
John H. Kapsner, MD
James P. Letts, MD
Antoinette L. Lopez, MD
Terra Shockman, MD

Shana Sniffen, MD
Stephanie D. Stanton MD
Robin Tabibi, MD
Sara Velasco, MD
Midwife _____

Patient's name _____

VANG, GER
1091 REANY AVE
ST PAUL, MN
06/10/10
MEGZMA

SNIFFEN MD, SHANA L
00068089500

12/02/73 36
651-774-7606 MRN 638946
55108 2080719

UCARE MA/MNCARE NON HMRI
AUTO ASSIGNED SELF PAY

- This patient was in my office today for treatment.
- This patient is free from all evidence of communicable diseases and is in good health.
- He/She may return to work/school on 6/21/10
- Please excuse absence from work/school on 6/10 - 6/20/10
- This patient must refrain until further notice from participation in _____
- Please excuse absence from work.
- Parent must stay home with his/her child who is or has been ill.
- Child needs to take the following medication

Medication: Dose: At (time): Until (date):

Signature

Date 6/10/10

Comment