



NEUROSURGICAL ASSOCIATES, LTD.

Brain & Spine Specialists SM
800 E. 28th Street, 305 Piper Bldg., Minneapolis, MN 55407
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FAX COVER SHEET

DATE: 01-20-16

PAGES: 2
(including cover sheet)

TO: Katie - Super Mom's

FAX#: 612-395-5574

FROM: _____

SUBJECT: H. Strenke

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800 E. 28th Street
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Minneapolis, MN 55407
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WORKABILITY REPORT

TODAY'S DATE: 01/20/2016
PATIENT NAME: Heidi A. Strenke
DATE OF BIRTH: 06/17/1977
PROVIDER: Mahmoud Nagib, M.D.
NAME OF SURGERY: craniotomy
SURGERY DATE: 06/09/2015
EMPLOYER NAME: SuperMom's
CONTACT NAME: Attn: Katie ; mail copy to patient
FAX #: (612)395-5574

WORK STATUS:

Patient may return to work with no limitations on 08/31/2015

Return to clinic. When? December 2016 .

Signature: Nancy Bjorklund C.N.R.N.

Mahmoud Nagib MD / N Bjorklund C.N.R.N.