



CITY OF SIOUX FALLS FACSIMILE TRANSMISSION

Falls Community Health

Medical Clinic
605-367-8793
Fax: 605-367-8247—Medical Records
Fax: 605-367-8211—Nursing

521 North Main Avenue
Sioux Falls, SD 57104

Dental Clinic
605-367-8022
Fax: 605-367-8001

To: Eileen From: CH
Fax: 612-677-3043 Date: 2-13
Phone: _____ Number of Pages
Including Cover: 2
Subject: _____

Message (if any):

We are refaxing this note as we
had put the wrong date
for return to work
(1-18-08 instead of 2-18-08)
Cindy, R

NOTICE

If you did not receive the entire transmission, please call (605) 367-8793.

Information contained in this facsimile may be privileged and confidential. The information is intended for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or an employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any review, use, dissemination, distribution, disclosure, or copying is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original facsimile to us at the address above via the U.S. Postal Service. Thank you.



Certificate to return to work or school

Name Tommy Berger

has been under my care from 1-29-08 to _____

and is able to return to work/school on 2-18-08

Nature of illness or injury _____

restrictions light work _____

physical education: may take limited may not take

other _____

Dr. Jacobson AO Phone 367-8793

Address FCH Date _____

DTP/G18139 P65

612-677-3043

FAXED
FEB 13 2008
By CH