



DR. SCOTT O'CONNOR

Fellow, American College of Foot & Ankle Surgery
Diplomate, American Board of Podiatric Surgeons
Certified in Foot, Reconstructive Rearfoot/Ankle Surgery

Normal – (309) 807-0384

Pontiac – (815) 842-6551

Eureka – (309) 467-2371

Patient Name: _____

Date: _____

Patient to be excused from / return to the following activities:

___ P.E. ___ Sports ___ Work / part-time ___ Work / full-time

___ Work / limited duty ___ Work / full duty

Return with the following limitations: ___ Hours/day ___ Hours/week Wear Boot/Shoe/Crutches

No P.E./Gym No Squatting No Standing No Walking No Lifting

Effective Date: _____

Physician Signature: _____



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