

**H.F. MEDICAL ASSOCIATES, P.A.**  
**2627 NE 203<sup>RD</sup> STREET, SUITE 101**  
**AVENTURA, FL 33180**  
**Phone: (305)935-2452 FAX: (305)937-2622**

**Date:        /        /2009.**

**CERTIFICATE TO  
RETURN TO SCHOOL/WORK**

**Name:**

**For health reason this patient has been under my care from        to        and  
she/he will be able to return to school/work on        .**

**HF MEDICAL ASSOCIATES**  
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**AVENTURA, FL 33180**  
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**FAX (305) 937-2622**