

Sent by: Paulina, 10/19/2020 - 04:13 PM

Edwin Haronian, M.D.

Lic # A71385

724 Corporate Center Drive

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DISABILITY STATUS

Date: 10 19, 2020

Our Chart No. 20052853

Patient Name:	Patricia BUSH	
Phone No. Cellphone #:	909-419-1314	
Employer Name: Insurance:	Pomona Valley Hospital Medical Center AdminSure 3380 Shelby Street Ontario, CA 91764	
Claim No. DOI:	18-138707 11/10/2018	

Work Status: Patient is on Temporary Total Disability (TTD) for 6 weeks.

Return to Clinic: 6 Weeks

This note has been electronically signed by Edwin Haronian, M.D.

RETURN TO WORK SECTION TO BE REVIEWED AND COMPLETED BY EMPLOYER

You have 14 calendar days from receipt to accept or reject this offer of modified or alternative work. *(L.A.U.S.D. IS NOT REQUIRED TO SIGN OR COMPLETE THIS FORM)*

I accept this offer of Modified or Alternative work.

I feel I cannot accept this offer of Modified or Alternative work indicating the need to declare the employee TTD.

Name _____ Signature _____ Date: _____