## +TORRANCE URGENT CARE+

## DOCTOR'S NOTE

Date 6-9:16	
To Whom It May Concern:	
This is to certify that:  Fyus-ei Yasuo P.O.B. 5.15.12	
is/has been under my care and is/was totally/partially incapacitated fromto	
As of today's date he/she is:	
Munable to return to work / school from 6-9-18 to 6-11-18	
□ Sufficiently recovered to resume a normal workload / school activity on	
Sufficiently recovered to return to work / school with the following limitations:  Please allow pt. 10 take pads	
Whineon School (ampres.	
Physician Signature	
Raffi Ghurabi, D.O.	
□ Pejman Bolourian, M.D.	
□ Morris Kokhab, M.D.	
□ Kevin Metzger, D.O.	
□ Zan Benjamin, M.D.	