

STATE OF SOUTH CAROLINA

IN THE FAMILY COURT

COUNTY OF _____

South Carolina Department of Social Services

Plaintiff,

vs.

Defendant.

JUDICIAL CIRCUIT

PHYSICIAN'S REPORT

-DR-

CSED No _____

The undersigned (print name here) _____

Doctor Nurse Nurse Practitioner Physician's Assistant Other _____, affirms that:

1. Patient's Name: _____

DOB: ____/____/____ SSN: _____

2. Patient is being treated for: (basic diagnosis) _____

3. Date treatment began for this particular injury/disabling condition: _____

- 4. Patient is: presently able to work in his/her usual occupation;
- not able to work in his/her usual occupation;
- can work in a limited capacity as described below in Item 8;
- released from care;
- not now and has never been our patient.

- 5. Patient is: permanently and totally disabled;
- temporarily disabled;
- partially and permanently disabled;
- partially and temporarily disabled;
- Other: _____.

6. Present prognosis is that patient will be released to return to work on: _____ (date).

7. Patient is scheduled to be seen again on _____ (date) and/or has surgery or other treatment scheduled for _____ (date) for _____.

8. Remarkable comments: _____

Signed: (doctor/other) _____ Date: _____

Address: _____ Telephone: _____

This document is HIPAA compliant by Court Order dated: _____

OR by consent of the individual named above: (signature) _____