Certificate to return to school/work

Name _____

Has been under my care from _____ to _____

And will return to school/work on _____

Physical Education: May take Limited May not take

Comments _____

_____

Child was seen by Dr. _____

Date: _____

Intials: _____

Pediatric Group of Acadiana, LLC and St. Martinville Maternal-Child Clinic

□520 North Lewis Street Suite 200 New Iberia Ph: 256-5466

□2308 E. Main St Suite G New Iberia Ph: 367-2001

□401 Youngsville Hwy Lafayette Ph: 330-0031

□1119 N Main St St Martinville Ph: 394-7774

□555 Lakes Blvd Breaux Bridge Ph: 332-3971

□6100 Cameron St. Scott Ph: 289-6770

□4141 N. University Ave Carencro Ph: 565-2692

□431 E. Evergreen St Lafayette Ph: 806-9910

Pediatric Group of Acadiana
401 Youngsville Hwy. Suite 100
Lafayette, LA 70508
(337) 330-0031

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