EPIPHANY	P F Wv mde	y Luthera 5515 West Broad earland. Texas hone: 281-485-5 Fax: 281-485-5 ww.ShiningTheL @epiphanypear Maaren & Suza MD0 Directors	dway 77581 -7896 i040 ight.org rland.org	Mother's Day Out
Dr's Name and Address:				
Date:				
Child Name:				
DOB:				
Gender (circle one): MA				
	Ň	was seen in my office or	ı	and was
(Child Name)			(Date)	
found to be in good health a	and free of any commur	icable diseases. HE/SH	E may attend a Moth	ier's Day Out program.
Signature of Doctor				
Printed name of Doctor				
Check if applicable:				
Child is 4 by Septer	mber 1 of current schoo	l year hearing and visio	n is needed.	