

ADMINISTRATIVE OFFICE
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GENERAL MAILING
PO Box 17179
Chapel Hill, NC 27516-7179

WEBSITE
www.piedmonthealth.org



Facebook.com/PiedmontHealth

BURLINGTON COMMUNITY HEALTH CENTER
1214 Vaughn Road
Burlington, NC 27217
(336) 506-5840

CARRBORO COMMUNITY HEALTH CENTER
301 Lloyd Street
Carrboro, NC 27510
(919) 942-8741

CHAPEL HILL COMMUNITY HEALTH CENTER
107 Conner Drive, Suite 100
Chapel Hill, NC 27514
(919) 951-7600

CHARLES DREW COMMUNITY HEALTH CENTER
221 N. Graham Hopedale Road
Burlington, NC 27217-2971
(336) 570-3739

IFC COMMUNITY HEALTH CENTER
1315 Martin Luther King Jr. Blvd
Chapel Hill, NC 27514
(919) 913-2091

MONCURE COMMUNITY HEALTH CENTER
PO Box 319
7228 Pittsboro-Moncure Road
Moncure, NC 27559
(919) 542-4991

PROSPECT HILL COMMUNITY HEALTH CENTER
PO Box 4
322 Main Street
Prospect Hill, NC 27314
(336) 562-3311

SCOTT COMMUNITY HEALTH CENTER
5270 Union Ridge Road
Burlington, NC 27217
(336) 421-3247

SILER CITY COMMUNITY HEALTH CENTER
PO Box 831
224 South 10th Avenue
Siler City, NC 27344
(919) 663-1744

SYLVAN COMMUNITY HEALTH CENTER
PO Box 578
7718 Sylvan Road
Snow Camp, NC 27349
(336) 506-0631

PIEDMONT HEALTH SENIORCARE AT BURLINGTON
1214 Vaughn Road
Burlington, NC 27217
(336) 532-0000

PIEDMONT HEALTH SENIORCARE AT PITTSBORO
163 Chatham Business Drive
Pittsboro, NC 27312
(919) 545-7337

Employee: Please fill out the top portion and take this form to your health care provider.

Employee's Name: _____

Telephone Number: _____

Center Location: _____

Supervisor: _____

Health Care Provider: Please complete the following and return directly to the employee listed above prior to the return to work date.

Please discuss with the employee their major job duties. Is the employee able to perform all the functions mentioned? Yes No Yes, with restrictions

Please list any restrictions or functional limitations which the department should consider:

Are the restrictions: Permanent Temporary, until (date) _____

Comments:

Employee is released to return to work effective (date)

Name of Health Care Provider: _____

Specialty: _____

Signature of Health Care Provider: _____

Date: _____

IMPORTANT

Please return completed form to the Human Resources Department prior to your return to work date. Failure to submit will result in being ask to return home until release can be provided.

HR Fax: 919-537-0469 or HR Email: HRTeam@piedmonthealth.org