**Dentist Return to Work After Leave**

### **1. Employee Information**

* **Employee Name:** [Full Name]
* **Employee ID (if applicable):** [Employee ID]
* **Position/Job Title:** [Job Title, e.g., Dentist, Dental Assistant, Hygienist, etc.]
* **Clinic Name/Location:** [Clinic Name or Location]

### **2. Leave Details**

* **Type of Leave:** [Sick Leave, Vacation Leave, Maternity Leave, etc.]
* **Leave Start Date:** [Start Date of Leave]
* **Leave End Date:** [End Date of Leave]

### **3. Return to Work Details**

* **Return to Work Date:** [Date of Return]
* **Mode of Return:** [On-site, Remote, Hybrid, etc.]
* **Readiness to Resume Duties:** [Yes/No]
* **Health Clearance (if applicable):** [Yes/No, mention if a medical certificate is attached]

### **4. Dentist-Specific Compliance**

* **Reinstatement of Access to Patient Records:** [Yes/No]
* **Compliance with COVID-19 Protocols:** [Yes/No]
* **Equipment and Instrument Check:** [Yes/No]

### **5. Employee Declaration**

I, [Employee Name], confirm my return to work at [Clinic Name] on [Return Date]. I am ready to resume my duties as [Job Title] and have complied with all health, safety, and clinic protocols.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** [Insert Date]