**DENTAL EXCUSE NOTE**

**[123 Health St.,]**

**[Wellness City, ST 12345]**

**[D ENTAL CARE CLINIC]**

**[City, State, Zip]**

**Patient Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient’s Name: |  | | | | | | |
| Date of Birth: | \_\_/\_\_/\_\_\_\_ | Gender: |  | Male |  | Female |
| Date of Visit: | \_\_/\_\_/\_\_\_\_ | Patient ID: |  | | | | |

**Procedure/Assessment:**

|  |
| --- |
|  |
|  |

**Treatment Plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment Provided: | | |  |
| Recommendations: | | |  |
|  | | | |
|  | Excused from work/school for the day. | | |
|  | Other: |  | |

**Dentist Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Dental License Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |