**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: |  |