

123-678-XXXX

123 Any Street, New York, USA

**HOSPITAL NAME**

**DOCTOR’S NOTE**

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| Date: |  |  | Time: |  |

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| Please excuse: |  |

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| **FROM** |  |  |  |
| [ ]  Work | [ ]  School | [ ]  College |
| [ ]  Other: |  |

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| **FOR THE FOLLOWING DATES** |  |
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| Doctor Name | DOCTOR NAMESPECIALIST INFIELD XYZ |  |
|  |  |  |
| Doctor’s Signature |  | Date |

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| Doctor Name |  |  |
|  |  |  |
| Doctor’s Signature |  | Date |