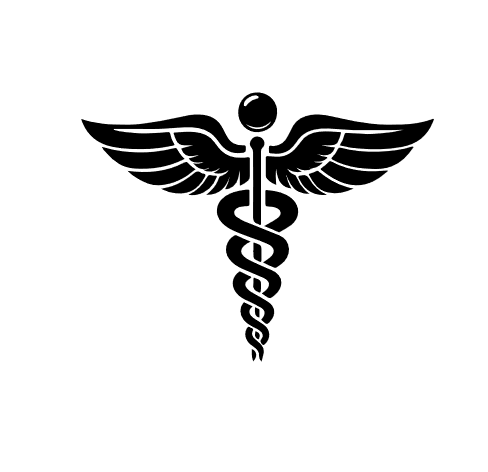
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hospital@email.com

www.hospitalname.com

**Hospital Name**

123 Any Street, New York, USA

123-786-XXXX

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| **Doctor’s Excuse Note** | | | | | | |
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| Patient Name: | |  | | Date of Surgery: |  | |
|  | |  | |  |  | |
| Surgical Procedure: | |  | | | | |
|  |  | | | | | |
| Arrival Date & Time: | |  | Discharge Date & Time: | | |  |

The patient underwent a procedure on \_\_/\_\_/\_\_\_\_ under my care. The surgery was performed successfully, and the patient is currently in the postoperative recovery phase. Based on the nature of the procedure and the patient's recovery progress, it is recommended that he/she refrain from work/school and any strenuous activity until full recovery.

The patient is expected to return to work/school on \_\_/\_\_/\_\_\_\_, barring any complications. A follow-up appointment has been scheduled for \_\_/\_\_/\_\_\_\_ to reassess recovery and provide further clearance for normal activities.

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| **Postoperative Care Instructions** |
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|  |  |  |
| Surgeon Name |  | Surgeon Signature |

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**Doctor’s Excuse Note**

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Hospital Name

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| --- | --- | --- | --- | --- | --- | --- |
| Patient Name: | |  | | Date of Surgery: |  | |
|  | |  | |  |  | |
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|  |  | | | | | |
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| **Postoperative Care Instructions** |
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| --- | --- | --- |
|  |  |  |
| Surgeon Name |  | Surgeon Signature |