

**CLINIC NAME**

clinic@email.com



123-678-XXXX



123 Any Street, New York, USA



**Doctor’s Excuse Note**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Patient Name: |  |
| Age: |  |  | Gender: |  |

Under my observation from \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_.

|  |  |
| --- | --- |
| **Surgical Procedure:** |  |

|  |  |
| --- | --- |
| **Diagnosis/Condition:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Postoperative Recovery Plan:** | | | | | |
| Expected Recovery Time: |  | |  | | |
| Follow-Up Appointment: Scheduled for | | \_\_/\_\_/\_\_\_ | | Return to Work/School: | \_\_/\_\_/\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Restrictions:** | Normal Work | Light Work | No Work/Bed rest |

|  |  |
| --- | --- |
| **Postoperative Care Instructions:** | |
|  |  |
|  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Surgeon Name |  | Surgeon Signature |
|  |  |  |
|  |  | Date |

**Address:** 123 Any Street, New York USA

**Phone No.:** 123-678-XXXX

**DOCTOR’S EXCUSE NOTE**

Clinic Address

Clinic Name

Phone Number

Clinic Email

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Patient Name: |  |
| Age: |  |  | Gender: |  |

Under my observation from \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_.

|  |  |
| --- | --- |
| **Surgical Procedure:** |  |

|  |  |
| --- | --- |
| **Diagnosis/Condition:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Postoperative Recovery Plan:** | | | | | |
| Expected Recovery Time: |  | |  | | |
| Follow-Up Appointment: Scheduled for | | \_\_/\_\_/\_\_\_ | | Return to Work/School: | \_\_/\_\_/\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Restrictions:** | Normal Work | Light Work | No Work/Bed rest |

|  |  |
| --- | --- |
| **Postoperative Care Instructions:** | |
|  |  |
|  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Surgeon Name |  | Surgeon Signature |
|  |  |  |
|  |  | Date |