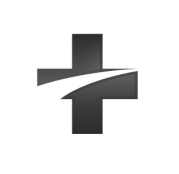
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**HOSPITAL NAME**

www.hospitalname.com



123 Any Street, New York, USA



123-678-XXXX



**DOCTOR’S EXCUSE NOTE**

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| **PATIENT INFORMATION** | | | | | | | |
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| Patient Name: |  | | | | Age: | |  |
| Arrival Date and Time: | |  | Discharge Date and Time: | | |  | |
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|  | |  | **Evaluated By:** | | |  | |

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| **PRIMARY COMPLAINTS** |
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| **TREATMENT ADMINISTERED** |
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| **INSTRUCTIONS** |
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| Attendant Signature |  | Date |

THANK YOU FOR CHOOSING HOSPITAL NAME

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| **INSTRUCTIONS** |
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THANK YOU FOR CHOOSING HOSPITAL NAME