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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** |
|  |  |
| Patient Name: |  | Age: |  |
| Arrival Date and Time: |  | Discharge Date and Time: |  |
|  |  |  |  |
|  |  | **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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