**DOCTOR’S NOTE**

**CLINIC NAME**

**TO WHOM IT MAY CONCERN**

This letter is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ had an appointment on \_\_/\_\_/\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please excuse him/her from

|  |  |
| --- | --- |
| [ ]  Work |  |
| [ ]  School |  |
| [ ]  Other: |  |  |  |  |

|  |  |
| --- | --- |
| Until \_\_/\_\_/\_\_\_\_. |  |

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Physician Signature |  | Physician Name |
|  |  |  |
| Date |  |  |

**Website**

**Contact Number**

**Clinic Address**

**DOCTOR’S NOTE**

CLINIC NAME

Clinic Address

Clinic Phone No.

**TO WHOM IT MAY CONCERN**

This letter is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ had an appointment on \_\_/\_\_/\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please excuse him/her from

|  |  |
| --- | --- |
| [ ]  Work |  |
| [ ]  School |  |
| [ ]  Other: |  |  |  |  |

|  |  |
| --- | --- |
| Until \_\_/\_\_/\_\_\_\_  |  |

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Physician Signature |  | Physician Name |
|  |  |  |
| Date |  |  |