

\_\_\_\_\_  
Doctor  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone

## MEDICAL EXCUSE NOTE

Date \_\_\_\_\_

This certifies that \_\_\_\_\_

has been/will be seen in this office for professional medical attention:

Date \_\_\_\_\_

Time \_\_\_\_\_

We urge employers and schools to consider this an excused absence.

Notes:

Signature \_\_\_\_\_