

## Doctor's Note

Doctor's Name: Dr. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please Excuse: \_\_\_\_\_

From:

- Work

- Other \_\_\_\_\_

Due To:

- Injury

- Illness

- Other \_\_\_\_\_

For the following dates:

\_\_\_\_\_ to \_\_\_\_\_

Regards,

 \_\_\_\_\_

Dr. \_\_\_\_\_