

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. \_\_\_\_\_