

Doctor Note

Practice / Clinic:

Doctor Name:

Phone:

Date:

PATIENT INFORMATION

Patient Name:

Date of Birth:

MEDICAL EXCUSE

This is to certify that the above-named patient was seen in this office and is excused from:

Work School

From Date:

To Date:

ADDITIONAL NOTES

This note does not disclose the nature of the illness or diagnosis in accordance with patient privacy regulations.

Doctor Signature:

Date:
