

# 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. \_\_\_\_\_

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