

**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. \_\_\_\_\_