

# Doctor Excuse Notes

Company Name

110 West Reynosa

De Leon, TX 75486

(265) 839-5687

DOCTOR EXCUSE SLIP

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

This is to clarify that \_\_\_\_\_  
\_\_\_\_\_ (has had) an appointment at  
\_\_\_\_\_ o' clock.

\_\_\_\_\_ please excuse this absent.

\_\_\_\_\_ May return to work on \_\_\_\_\_

\_\_\_\_\_ No P.E

until released.

\_\_\_\_\_ May return to work  
without limitations.

\_\_\_\_\_  
Physicians Signature