

Doctor Excuse Notes

Date: _____

To Whom It May Concern:

Please be advised that _____ was seen in my office on
_____/_____/____.

Diagnosis: _____

_____.

_____ is able to return to work/school on:
_____/_____/____. Restrictions/Limitations:

_____.

If you have any questions regarding this patient please do not hesitate to contact my office.

_____ Doctors Signature