Doctor’s Excuse Note

Dr. Graham Epic

[Address]

[City, State, Zip Code]

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**Patient’s Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Phone Number |  |
|  |  |  |  |
| Age |  | Email |  |

Please excuse the above-mentioned patient from:

* Work
* School
* Other

Due to:

* Illness
* Injury
* Other

From until .

|  |  |
| --- | --- |
| Physician’s Signature |  |