Sunshine Medical Clinic

Dr. Graham Epic, M.D.

[Address]

[City, State, Zip Code]

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Date:

To whom it may concern,

Please excuse [Patient’s name] from work/school/other from [beginning date] until [ending date]. I have examined [Patient’s name] and determined that he/she needs [number of days] off to rest.

Regards,

[Doctor’s name], M.D

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