|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Name |  |  | Age |  |
|  |  |  |  |  |
| Gender |  |  | Weight |  |

Date: 06/06/2022

[Doctor/Clinic Name]

[Address]

[Email]

[Phone Number]

Sample Doctor Note

Diagnosis:

|  |
| --- |
|  |
|  |
|  |

Dear Mr. /Mrs.

Please excuse from work for days, due to the current medical issues they are experiencing.



For the Following Dates:

06/04/2022 To 06/06/2022

Thank You,