To whom it may concern:

Date:

[Doctor/Clinic Name]

**Sample Doctor Note**

Please Excuse:

|  |  |  |
| --- | --- | --- |
| From: |  |  |
|  | School: |  |
|  | Work: |  |
|  | Other: |  |



091-454648

|  |  |  |  |
| --- | --- | --- | --- |
| Due To: | |  |  |
|  | Injury: | |  |
|  | Illness: | |  |
|  | Other: | |  |

Clinic #6, St #8 F-Bridge London

Clinic35@gamail.com

Doctor’s Signature

Doctor’s Comment:

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

From To