



CROSS TIMBERS COMMUNITY HEALTH CENTER

110 West Reynosa

De Leon, TX 75486

(265) 839-5687

DOCTOR EXCUSE SLIP

Date: _____

This is to clarify that _____ (has had) an appointment at
_____ o' clock.

_____ please excuse this absent.

_____ May return to work on _____.

_____ No P.E until released.

_____ May return to work without limitations.

Physicians Signature