



Doctor's Excuse Note

Doctor's Name: Dr. _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

Date: _____

Please Excuse: _____

From:

- Work
- Other _____

Due To:

- Injury
- Illness
- Other _____

For the following dates:

_____ To _____

Regards,

Dr. _____
