**Doctors Excuse Note**

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Dr. Ross Clark, M.D.

**Date:** 22/10/2094

This note is to confirm that:

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please excuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_days, due to the following medical condition.

**X**

# Dr. Full Name. MD

Jhone Clark

For any inquiries, please contact our office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
**Clinic hours:** \_\_\_\_\_\_, \_\_\_\_\_\_ - \_\_\_\_\_\_.



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