**DOCTOR’S NOTE**

Patient's Name: **[PATIENT'S NAME]**

**Appointment Information**

Date: **[DATE]**

Time: **[TIME]**

The above-named student/patient was seen in this office by the:

|  |  |
| --- | --- |
| Physician | Nurse |
| Physician's Asst. | Office Staff |
| Nurse Practitioner | Other |

Patient May Return to School:

Today

Tomorrow

On **[DATE AND DAY]**

Physician Name **[PHYSICIAN NAME ]**

Address **[ADDRESS]**

|  |  |  |
| --- | --- | --- |
| **Physician's Signature** |  | **Date** |