

WORK / SCHOOL RELEASE NOTE

Medical Office

Stamp Office Here

Patient Name: _____ **Date:** _____

Patients DOB: _____

This note is being submitted to certify that the above mentioned individual is and has been under my care and is here by:

Excused from:

- Work
- School
- Physical Ed.
- Other: _____

And will be able to return on: _____

with the following restrictions: _____

Released to return to:

- Work
- School
- Physical Ed.
- Other: _____

with the following restrictions: _____

Note: _____

X

ORDERING PROVIDER:

Physician Signature

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