**Doctors Note**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient's Name: John Doe

Diagnosis: Concussion

Restrictions/Clearance: Jane is out of sports until further notice.

Dr. Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctors Note Example**

Dr. Summit Falcon

1780 Hawkins Road

Fenton, MO 63056

Phone: 555-444-1111

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient's Name: John Doe

Diagnosis: Concussion

Restrictions/Clearance: John is able to return to sports but

must wear an ankle brace or get taped for practices and games.

Dr. Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_