**CROSS TIMBERS COMMUNITY HEALTH CENTER**

**110 West Reynosa**

**De Leon, TX 75486**

**(265) 839-5687**

**DOCTOR EXCUSE SLIP**

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

This is to clarify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (has had) an appointment at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o' clock.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please excuse this absent.

\_\_\_\_\_\_\_\_\_\_\_\_\_ May return to work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_ No P.E until released.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May return to work without limitations.

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

 **Physicians Signature**