

# ABC Medical Center Hospital

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email@email.com

## Doctors Excuse

**Patient's Name**

**Age**

**Date of Birth**

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**Medical Diagnosis**

**Recommendation**

**Treatments/Medications:**

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Please excuse my patient \_\_\_\_\_ for he/she was under my care due to the following: \_\_\_\_\_. I highly recommend the patient to undergo complete home rest for ( \_\_\_\_\_ ) days from \_\_\_\_\_ up to \_\_\_\_\_ for recovery purposes. The patient is also required to take all the prescribed medicine that was stated above. I highly encouraged the patient to visit my medical office/clinic for s follow-up check-up after all the medication is completed.

**Physician's Name**

**Date Signed**



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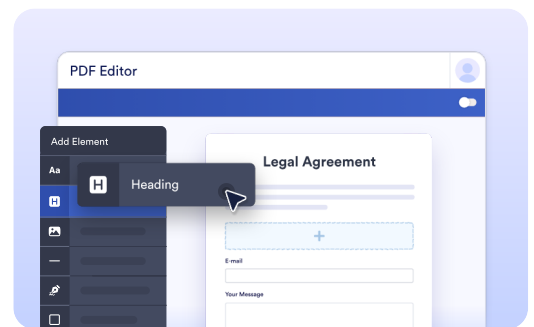
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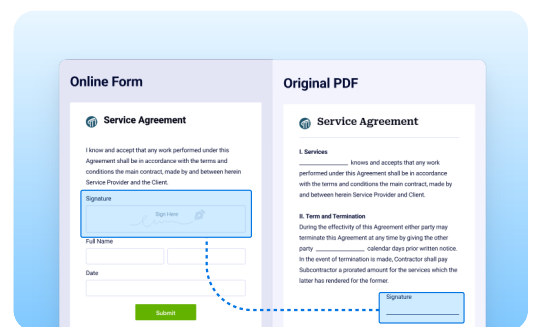
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