**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** |