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ABC Medical Center Hospital

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Doctors Excuse

Patient's Name

Age

Date of Birth

Medical Diagnosis

Recommendation

Treatments/Medications:

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



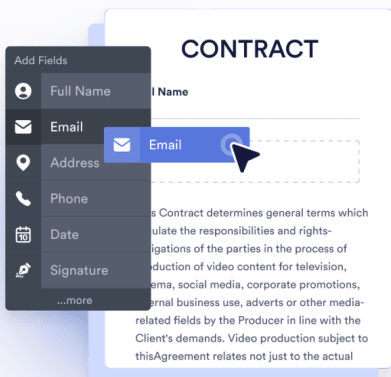


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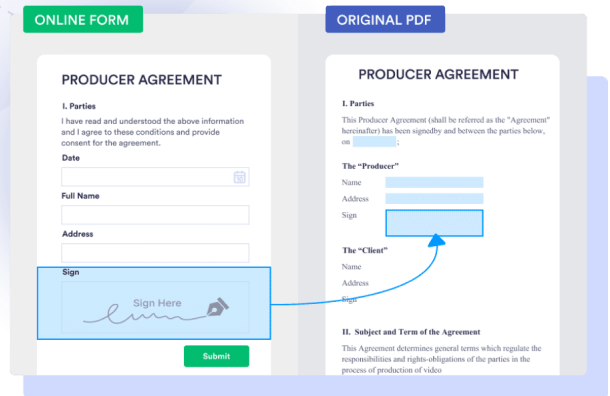
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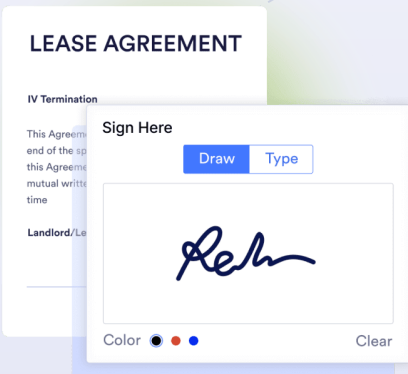
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