**Dentist Note Template**


# [Dentist's Name] [Address]

**[City, State Zip Code]**

**[Phone Number]**

Date: *I I* -

Please Exc use:

From:

[ ] Work

[ ]

Other Due To:

|  |  |  |  |
| --- | --- | --- | --- |
| [ |  | ] | Injury |
| [ |  | ] | Illness |

How•To Wiki

[ ]

Other

For the follow ing dates:

--*I*-

*I* --

-*I I*- -

Tha nk You,