## Dentist Note for Work

North View Dental Clinic

Your Address State/City/Zip code

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kindly allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient’s name) from work for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day/days). She/ he has been with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Condition).

I have therefore prescribed total bed rest and very strong medication that cannot allow the patient to be at work. The patient has also been put on a special treatment to help improve the condition.

Sincerely,

(Signature of the dentist)

Dr. Loren Epsom