1100 WEST REYNOSA

DA LEON, TX 764444

**DENTAL EXCUSE NOTE**

**Date:** \_\_\_\_\_\_\_\_

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has/ had an

Appointment at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0’ clock

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please excuse this absence.

\_\_\_\_\_\_\_\_\_\_\_\_ May return to work/ school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_No P.E. Until released.

\_\_\_\_\_\_\_\_\_\_\_\_ May return to Work / School without limitations.\

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist Signature

**CROSS TIMBERS COMMUNITY HEALTH CENTER**

**1100 WEST REYNOSA**

**SE LEON, TX 76444**

**(254) 893-5895**