***Serenity Medical Center***

*3885 John Avenue*

*Jackson, MI 49201*

*Name:*  AMANDA P. WESTERMAN

*Gender:*  F *Age:*  28

*Date:* Sun., Mar. 13th, 2016

*Mr./~~Mrs.~~* CRAIG YALE

*Please excuse*  AMANDA P. WESTERMAN *from work for the following 3 (three) days:*

***Monday, March 14th 2016***

***Tuesday, March 15th 2016***

***Wednesday, March 15th 2016***

*She has suffered a 2nd degree burn that requires close observation and treatment. No physical activity whatsoever is recommended, including office work. For her case, she has been prescribed with topical and oral medication, as well as full rest for recovery. Thank you for allowing her to recover safely.*

*Best regards,*

*Dr. Timber*

*Timber*