North view Medical Clinic

Your Address State/City/Zip code

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

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

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

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

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

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

With \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Condition).

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

Sincerely

(Signature of the doctor)

Dr. Loren Epsom