# CROSSROADS CHILDREN’S CLINIC

, M.D., Pediatrics

## Doctor’s Note Form

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| --- | --- | --- |
| This is to certify that: |  | |
| was under my care on |  | |
| and he/she will be able to return to school on | |  |

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| **Doctor’s Comments:** |
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| Rx |  |
| , **M.D., Pediatrics** | |

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