**DOCTOR NOTE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A picture containing graphics, symbol, circle, logo  Description automatically generated | **Patient’s Name:** | [Name] | **Date Time** | [Date] |
|  | **Appointment Information** |
| This is to certify that the above-named Student / Patient was seen in our office by the: |
|[ ]  Physician |[ ]  Nurse |[ ]  Physician’s Asst. |
|[ ]  Office Staff |[ ]  Nurse Practitioner |[ ]  Other |
|[ ]  Tomorrow |[ ]  Today |[ ]  On | [Time] | [Date] |
| **Physician’s Name:** [Name] |
| **Address:** [Address] |
| **Physician’s Signature:** [Signature] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A picture containing graphics, symbol, circle, logo  Description automatically generated | **Patient’s Name:** | [Name] | **Date Time** | [Date] |
|  | **Appointment Information** |
| This is to certify that the above-named Student / Patient was seen in our office by the: |
|[ ]  Physician |[ ]  Nurse |[ ]  Physician’s Asst. |
|[ ]  Office Staff |[ ]  Nurse Practitioner |[ ]  Other |
|[ ]  Tomorrow |[ ]  Today |[ ]  On | [Time] | [Date] |
| **Physician’s Name**: [Name] |
| **Address:** [Address] |
| **Physician’s Signature:** [Signature] |