**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] | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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] | | | | | | | | | | | | | |