

**CROSS TIMBERS COMMUNITY HEALTH CENTER**  
**1100 WEST REYNOSA**  
**DE LEON, TX 76444**  
**(254) 893-5895**

**EXCUSE SLIP**

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

This is to certify that \_\_\_\_\_ ( has had ) an  
appointment at \_\_\_\_\_ o'clock.

\_\_\_\_\_ Please excuse this absence.

\_\_\_\_\_ May return to work/school on \_\_\_\_\_.

\_\_\_\_\_ No P.E. until released.

\_\_\_\_\_ May return to work/school without limitations.

\_\_\_\_\_  
Physician Signature

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