# Patient:

# Date of birth:

# INSERT LOGO AND PRACTICE INFO, DOCTORS NAME

Work/School Note

To whom it may concern,

Please excuse (PATIENT NAME, DOB) from work / school / work and related activities for the dates: INSERT DATES as she was brought to our office for an evaluation and care regarding back pain.

(depending on the case/necessity of letter, include diagnosis, treatment plan, expected return date, light duty, etc)

If you have any questions or require any additional information, please do not hesitate in contacting our office (insert office manager, patient coordinator, etc info)

Sincerely,

INSERT DOCTORS NAME AND SIGNATURE

Chiropractor, Owner

Signed electronically