School Absence

Patient's Name: _____

Appointment Information

Date: _____ Time: _____

The above named student/patient was seen in this office by the:

- ❒ Physician
- ❒ Physician's Asst.
- ❒ Nurse Practitioner
- ❒ Nurse
- ❒ Office Staff
- ❒ Other

Patient May Return to School:

- ❒ Today
- ❒ Tomorrow
- ❒ On _____
  Day Date

Physician Name: _____

Address: _____

_____

Physician's Signature: _____

Revised 02/09/2022