

**CROSS TIMBERS COMMUNITY HEALTH CENTER**

**110 West Reynosa**

**De Leon, TX 75486**

**(265) 839-5687**

**DOCTOR EXCUSE SLIP**

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

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

\_\_\_\_\_ please excuse this absent.

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

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

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

\_\_\_\_\_

Physicians Signature

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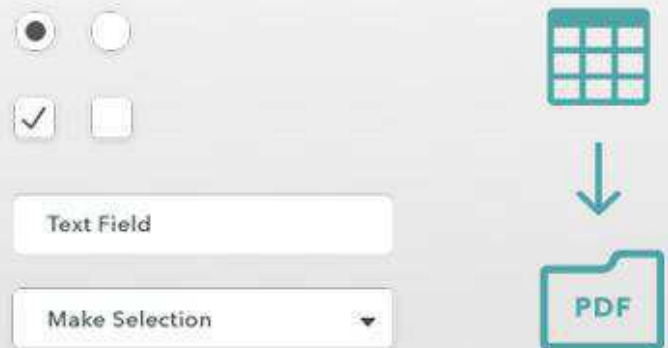
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<b>E-MAIL ADDRESS</b>	<b>PHONE NUMBER</b>

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