

MEDICAL EXCUSE NOTE

Doctor's Name:

Address: 1730-B Mt. Vernon Road
Dunwoody, GA 30338

Date:

To Whom It May Concern:

Please Excuse: _____

From:

Work

School

Other: _____

Due To:

Injury

Illness

Others: _____

For the following dates: to

Doctor's Comments:



Patient: Alice Test (01/01/2026 - 0y), Female
 Address: 1 Kansas Creek Rd Tillamook, OR 97141
 Phone: (301) 995-5551
 Seen On: 01/23/2026

Seen At: DoseSpotClinic
 Address: N Washington Ave Dune,
 NJ 57106
 Phone: (302) 673-8492
 Fax: (332) 241-0212
 Provider:

Chief Complaint

10 Panel Rapid Drug Test
 Source: Self

Vitals

Vitals:
 Air Source: Room Air

Set 1:

History of Present Illness

No history of present illness data entered

PAST MEDICAL HISTORY

Allergies

No allergies entered

Medication

No medications entered

Immunization

No immunizations entered

Surgical History

No surgical history entered

Medical Condition

No past medical history entered

Preventative Med Notes

No preventativeMedNotes entered

Social History

No social history entered

Family History

No family history entered

Review of Systems

No review of systems data entered



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Exam

No examination data entered

Orders & Procedures

No procedures entered
No lab requests found
No lab reports found

Assessment/Plan

No assessment plan entered

Prescription

Signature

Addendums