



## Department of Health Services Work/School Excuse Note

To whom it may concern:

Patient name: \_ Robinson, Tammie Lucille

Please excuse their absence from work/school for their medical visit on: \_ 8/03/2022

They:

- ☐ May return to work/school immediately without restrictions.
- ☐ May return to work/school with the following restriction(s): \_
- ☒ May return to work/school on: \_ 8/06/2022
- ☐ Other: \_

Provider: \_ Brandi Fletcher PAC

Name: ROBINSON, TAMMIE LUCILLE  
MRN: 101138627

