



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

