

1100 WEST REYNOSA  
DA LEON, TX 76444

## EXCUSE SLIP

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

This is to certify that \_\_\_\_\_ has/ had an

Appointment at \_\_\_\_\_ 0' clock

\_\_\_\_\_ Please excuse this absence.

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

\_\_\_\_\_ No P.E. Until released.

\_\_\_\_\_ May return to Work / School without limitations.\

\_\_\_\_\_  
Physician Signature

CROSS TIMBERS COMMUNITY HEALTH CENTER  
1100 WEST REYNOSA  
SE LEON, TX 76444  
(254) 893-5895