

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

EXCUSE SLIP

Date: _____

This is to certify that _____ (has had) an
appointment at _____ o'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

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