# MEDICAL VISIT CONFIRMATION FORM

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**PHONE:** | **FAX:**

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| This document is to to confirm that: |  | | |
| was seen / examined at our office on | |  | |
| and he/she will be able to return to work/school on | | |  |

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| **ADDITIONAL NOTES:** |
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| **WARNING:**  **This document is for novelty purposes only. This document does not contain most of the elements that are seen in real doctor’s notes. For accurate, highly-realistic doctor’s notes, do not use this note or any free documents found on the internet. Instead we highly recommend purchasing your documents from** [**bestfakedoctorsnotes.net**](https://www.bestfakedoctorsnotes.net)**.** |