



# GI Excellence, Inc.

## Gastroenterology Associates

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### Two Locations:

#### HEMET

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#### TEMECULA

31515 Rancho Pueblo Rd. · Suite 202 · Temecula, CA 92592  
(951) 383-6001 (By appt.)

## PATIENT EXCUSE SLIP

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

To Whom It May Concern:

\_\_\_\_\_ is under my care. He/She

Was seen in my office today.

Is released to return to work on \_\_\_\_\_

Is unable to return to work/school at this time because \_\_\_\_\_

Is able to return to work/school on \_\_\_\_\_

Is / Is Not able to participate in the physical education program at school.

Is in good physical health.

Surgery is scheduled for \_\_\_\_\_. Patient may return to work on \_\_\_\_\_

Restrictions \_\_\_\_\_

Other \_\_\_\_\_

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