

**ABSENCE EXCUSE**

**GOODMAN MEDICAL ASSOCIATES**

123 Main Street  
Anytown, NJ 00000  
111-555-1234

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

This patient has/had an appointment at this office on \_\_\_\_\_  
(date)

at \_\_\_\_\_  
(time)

Please excuse this absence.

Signed:

\_\_\_\_\_