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No. 20147



Neighborhood Medical Center

8817 Bell Lane Road
Dallas, TX 75234
Tel: (214) 726-6666

Date: _____

MEDICAL NOTE

This is certify that I have examined and treated
_____ of Company / School and
she / he will absent / until for duties for _____
day (s), from _____ to _____
Diagnosis: _____

Luddy E. Baskin MD, PA

(Medical Officer Signature & Stamp)

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