



215-792-7227 (Office)
267-483-5938 (Fax)

Date: _____

2370 York Road, Ste C-3
Jamison, PA 18929

To Whom It May Concern:

This is to certify that _____

- was seen at this office for professional attention on _____ . Please excuse this absence.
- Is currently under my care and should remain off from work until further notice.
- was under my professional care from _____ to _____ and can return to normal activities with _____ restrictions.
- missed work/school from _____ to _____ . Please excuse this absence.
- can return to work on _____ .

Sincerely yours,

Irene Greenhouse, M.D.
