



MAA

Women's Health

WORK OR SCHOOL EXCUSE NOTE

566 Peachtree Pkwy Suite 121, Cumming, GA 30041

Dr. Padmavathi Pagadala

Email: admin@maawomenshealth.com

Phone: (470)-866-3200

Fax: (470)-866-3270

Patient Name: _____

Date of Birth: _____

Date(s) of Visit: _____

Seen by: Dr. Padmavathi Pagadala

This is to certify that the above-named patient was seen in our office for medical care on the date(s) and may require absence from:

☐ Work

☐ Other: _____

☐ School

Excuse from: _____

To: _____

☐ Patient was seen and may return to work/school the same day

☐ Patient is excused for the full day(s) listed above

☐ Additional time off is recommended: _____

☐ Restrictions/ Accommodations: _____

Provider Signature: _____

Date: _____

****Please feel free to contact our office if you have any questions or require further clarification regarding this excuse.****