

ED Work/School Excuse



640 Jackson Street
St. Paul MN 55101
651-254-3456

**Emergency Department
Excuse Note**

Patient Name: Corwin J Podel
Date of Birth: 11/4/1993
Date of Evaluation: 10/8/2015

To Whom It May Concern:

Corwin J Podel was seen and evaluated in the Regions Hospital Emergency Department on 10/8/2015. He may return to work on the below date.

Return Date: 10/11/15

Koren L Kaye, ND
10/9/2015 at 1:14 AM
Signed Electronically