

For Doctor's Note:

Please send the following information. Be very precise and specific. If we input the info you give us and its wrong you will be required to pay for an additional Doctor's Note. So double check your information and make sure you send everything we are asking for here in this checklist.

- Full Name
- DOB
- Last 4 of SSN
- Dates to be out of work (from and to)
- Reason for Doctor's excuse (such as ailment, condition, etc)
- Name, address and phone number of the Hospital or Clinic you want applied to the note
- A valid email address for us to deliver your package to.