

**Olga Aleksandrova, M.D**

Internal Medicine Physician

NPI: 1154740553



7491 Conroy Windermere Road, Orlando

Ph: (407) 717-4400

Fax: (801) 769-0862

## Medical Absence Note

**Patient Name:** \_\_\_\_\_

**Date (s) of Absence:** \_\_\_\_\_

To whom it may concern,

This is to confirm that above mentioned person was evaluated and treated in our office on above mentioned date (s). Please accept this note as documentation of a medically excused absence.

If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your understanding.

Olga Aleksandrova. M.D

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