

To Whom it May Concern:

This note is to certify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was last seen in our office on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is in good health and up to date on immunizations. Should you have any questions you may contact my office at the number listed below.

Thank you,

Susan Bacsik, DO

Phone: 469-300-5437 Fax: 469-619-8619