



Name Katherine Polk RX # \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Date 10/13/16

R Please excuse above  
from work 10/5/16  
through 10/24/16

☐ May Substitute Shaunda Chin-Bonds M.D.

☐ May Not Substitute \_\_\_\_\_ M.D.

Refill \_\_\_\_\_ times

DEA # \_\_\_\_\_