



A U R A
wellness center

Doctor's Note

Doctor's Name / Facility Name: _____

Address: _____

Phone Number: _____

Date: _____

Please excuse _____ (patient's name) from their Yoga
Teacher Training course due to:

Injury

Illness

Other: _____

For the following dates (this can be an estimate – an updated letter can be submitted later if
more time is needed):

_____ to _____

Regards,

_____ (Doctor's Signature)