<u>MoryTherapy</u>	Bill Mory	, Ed.S. L.P.C.,	L.M.F.T.	Counseling Services
219 S. Travis, Sherman,				1.3960 Fax: 800.906.1038
	Notice of Appoir	ntment for	School or Wo	ork
Today's Date:				
To: Whom It May	y Concern	Re: Tii	me away from So	chool or Work
Client Name:				
This Notice of Appo	<i>intment</i> confirms that	at my client	listed above att	ended an
appointment for cli	nical services at my o	office on the	e following date(s)/time(s):
	DATE OF APPOINTMEN	IT(S) TIM	E OF APPOINTMENT	
			am / pm	
			am / pm am / pm	
			am / pm	
			am / pm	
Please allow this no Respectfully, Bill Mory, Ed.S. License Professiona	itice to serve as reas	onable expl	anation of the al	osence.
Licensed Marriage a	and Family Therapist			