



To Whom It May Concern:

From: \_\_\_\_\_

Re: \_\_\_\_\_

Please excuse: \_\_\_\_\_ on this date \_\_\_\_\_ at \_\_\_\_\_.

This child had a physical therapy appointment at this office.

Please let me know if you have any questions or concerns.

Physical Therapist,  
Integrative Center for Therapy

125 S. West St., Suite 111 • Wichita, KS 67213  
Phone: (316) 260-3934 • Fax: (833) 641-1902  
[www.ictpt.com](http://www.ictpt.com)