



Children's Heart Institute

Date:

To whom it may concern,

_____ DOB: _____ was seen in our office today for a cardiac evaluation.

Please excuse this patient from school/work today.

Please call our office with any questions or concerns.

Sincerely,

Children's Heart Institute.
1830 Town Center Drive suite 303
Reston VA 20190
703-724-4003

6565 Arlington Blvd. Suite 503, Falls Church, VA 22031
605 Emancipation Hwy, Fredericksburg, VA 22401
12604 Lake Ridge Dr. Woodbridge, VA 22192
171 Elden St. Suite 200, Herndon, VA 20170
2616 Sherwood Hall Ln, Suite 205, Alexandria, VA 22306

19465 Deerfield Ave. Suite 310, Leesburg, VA 20176
8609 Sudley Rd. Suite 203. Manassas, VA 20110
172 Linden Dr. Suite 113, Winchester, VA 22601
1830 Town Center Dr. Suite 303, Reston, VA 20190

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