**DOCTOR NAME**

Doctor Qualifications

**Clinic Name**

Clinic Address

DOCTOR’S EXCUSE NOTE

\_\_/\_\_/\_\_\_\_

To Whom It May Concern,

This letter is to inform you that I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am providing medical care for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who has been under my supervision since \_\_\_\_\_\_\_\_\_\_\_\_\_. Due to a medical condition, his/her treatment will continue through \_\_/\_\_/\_\_\_\_.

Currently, the patient is experiencing health-related issues that require a period of absence from work to allow for adequate rest and recovery. As his/her healthcare provider, I recommend that he/she be granted the necessary time away from work to facilitate their healing process.

Should you require additional information or clarification, please do not hesitate to contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Your understanding and support during this time are greatly appreciated.

Sincerely,

[Doctor Full Name]

[Title/Position]

[Clinic Name]

[Contact Number]

**DOCTOR NAME**

Doctor Qualifications

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Sincerely,

[Doctor Full Name]

[Title/Position]

[Clinic Name] [Doctor's Stamp]

[Contact Number]