

**DOCTOR NAME**

Doctor Qualifications

DOCTOR’S EXCUSE NOTE

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

To Whom It May Concern,

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

Currently, the patient is facing physical health-related issues that require a period of absence from work to allow for adequate rehabilitation and recovery. As his/her physical therapist, I recommend that he/she be granted the necessary time away from work to focus on physical therapy and achieve the best possible functional outcomes.

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,

[Physiotherapist Full Name]

[Title/Position]

**Clinic Address**

**Clinic Phone No.**

**Clinic Email Address**

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Sincerely,

[Physiotherapist Full Name]

[Title/Position]