****

**DOCTOR NAME**

Doctor Qualifications

**DOCTOR’S NOTE**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am writing to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been diagnosed with a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. To facilitate a full recovery of the patient, his/her recommended rest period is from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_. During this time, it is advised that he/she should refrain from attending work.

Your cooperation in helping to prevent the spread of illness is greatly appreciated.

Sincerely,

[Title/Position]
[Clinic Name]

www.clinic.com

clinicname@email.com

123 Any Street, New York, USA

123-678-XXXX

DOCTOR NAME

Your Clinic Address

Your Clinic Phone No.

Doctor Qualifications

**DOCTOR’S NOTE**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am writing to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been diagnosed with a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. To facilitate a full recovery of the patient, he recommended rest period is from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_. During this time, it is advised that he/she should refrain from attending work.

Your cooperation in helping to prevent the spread of illness is greatly appreciated.

Sincerely,

 [Doctor's Sign]
[Title/Position]
[Clinic Name]