****

**DOCTOR NAME**

Doctor Specialization

Clinic Address

Contact Number

**DOCTOR’S NOTE**

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

To Whom It May Concern,

This letter is to inform you that I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am currently overseeing the follow-up treatment 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.

Please ensure that the patient attends all scheduled follow-up appointments and continues any prescribed therapies. 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 NAME

SPECIALIST IN

FIELD XYZ

[Doctor Full Name]

[Title/Position]

[Clinic Name]

**DOCTOR’S NOTE**

Doctor Name

Doctor Qualifications

Clinic Name

Clinic Address

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

To Whom It May Concern,

This letter is to inform you that I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am currently overseeing the follow-up treatment 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.

Please ensure that the patient attends all scheduled follow-up appointments and continues any prescribed therapies. 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]