



Dr. Robert Smith

+1 (212) 555-7890

dr.robertsmith@example.com

123 Health Street, New York, NY 10001

Doctor's Note for School

Date: [Month Day, Year]

To Whom It May Concern,

This letter serves to confirm that [Patient's Name] (DoB: [Patient's Date of Birth]) was under my care at [Your Company Name] for the management of migraine headaches. The patient has been experiencing intense migraines accompanied by light sensitivity and nausea, necessitating time off work from [Month Day, Year], to [Month Day, Year].

I am pleased to inform you that he/she is now cleared to return to work on [Month Day, Year]. If you require any additional information or clarification, please feel free to contact me using the details provided below.

Thank you for your understanding.

Sincerely,

Robert Smith