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Doctor's Note from Urgent Care

Date:	

To Whom It May Concern,

This letter is to certify that [Patient's Name] (DoB: [Patient's Date of Birth]) was seen and treated at [Your Company Name] Urgent Care on [Month Day, Year], for an injury sustained to his right ankle. Upon examination, it was diagnosed as a Grade II ankle sprain, which required appropriate care including immobilization, elevation, and a course of pain management.

[Month Day, Year] has been advised to avoid weight-bearing activities and strenuous movements to facilitate proper healing. The patient is also recommended to rest and elevate his ankle as much as possible. A follow-up appointment is scheduled for [Month Day, Year], to assess the patient's recovery and determine if any additional treatment is necessary.

Temporary accommodations, such as limited movement or alternate duties, may be necessary depending on the physical demands of the patient's responsibilities.

Sincerely,

