



**Dr. Robert Smith**

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## Professional Doctor Excuse Note

Date: [Month Day, Year]

To Whom It May Concern,

This letter serves as an official medical excuse for \_\_\_\_\_

[ Patient's Name]

who was under my care on \_\_\_\_\_ due to a medical condition that required

[ Date of Visit]

rest and/or treatment. I have evaluated the patient and determined that they were unable to attend work/school/other obligations from \_\_\_\_\_ to \_\_\_\_\_.

[ Start Date ] [ End Date]

If further accommodations or verification are required, please feel free to contact my office.

Sincerely,

*Robert Smith*

[Doctor's Printed Name]

[Medical License Number]